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

APPLICATION OF M & M ENERGY, LLC FOR COMPULSORY POOLING, LEA COUNTY, NEW MEXICO.

Case No. 15,531

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 M and M Energy, LLC.

3. M and M Energy, LLC 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 owner, at its last known address, 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 14th day of September, 2016 by James Bruce.

OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico
My Commission Expires 10-20-18

My Commission Expires:

Notary Public

EXHIBIT 2

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

July 28, 2016

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by M & M Energy, LLC, regarding a well in the NE¼SW¼ of Section 6, Township 22 South, Range 36 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 18, 2016, 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the 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, August 11, 2016. 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

James Bruce

Attorney for M & M Energy, LLC

ATTACHMENT A

Exhibit A

Apache Corporation
Suite 1000
303 Veterans Airpark Road
Midland, TX 79705

Samson Resources Company
Suite 1500
2 West 2nd Street
Tulsa, OK 74103

Harold G. Osborn, Jr.
P.O. Box 420
Brooklyn, CT 06234

The Glass-Glen Burnie Foundation
c/o Farmers National Company
Suite 400
5110 South Yale
Tulsa, OK 74135

RAM Foundation
P.O. Box 6519
Paris, TX 75461

RSG Properties, Ltd.
2700 Racquet Club Drive
Midland, TX 79705

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Apache Corporation
Suite 1000
303 Veterans Airpark Road
Midland, TX 79705

9590 9402 1676 6053 7793 91

2. Article Number (Transfer from service label)

7014 0510 0000 9535 0473

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 8-1-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery (over $500)

PS Form 3811, July 2015 PSN 7530-02-000-9053 [signature] Domestic Return Receipt

7014 0510 0000 9535 0466

CERTIFIED MAIL™ RECEIPT
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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: Samson Resources Company
Suite 1500
Street, Apt. No.; or PO Box No.: 2 West 2nd Street
City, State, ZIP+4: Tulsa, OK 74103

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 0473

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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: Apache Corporation
Suite 1000
Street, Apt. No.; or PO Box No.: 303 Veterans Airpark Road
City, State, ZIP+4: Midland, TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Samson Resources Company
Suite 1500
2 West 2nd Street
Tulsa, OK 74103

9590 9403 0589 5183 9140 37

2. Article Number (Transfer from service label)

7014 0510 0000 9535 0466

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kim Penn C. Date of Delivery AUG 02 2016

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Restricted Delivery (over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 [signature] Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Harold G. Osborn, Jr.
P.O. Box 420
Brooklyn, CT 06234

9590 9403 0589 5183 9140 20

2. Article 7014 0510 0000 9535 0459

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Francine Skaggs ☐ Agent ☐ Addressee

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

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

AUG - 1 2016

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053 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	$

Postmark Here

Sent To: The Glass-Glen Burnie Foundation
c/o Farmers National Company
Street, Apt. No.; or PO Box No.: Suite 400
5110 South Yale
City, State, ZIP+4: Tulsa, OK 74135

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 0442

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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: Harold G. Osborn, Jr.
Street, Apt. No.; or PO Box No.: P.O. Box 420
City, State, ZIP+4: Brooklyn, CT 06234

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 0459

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Glass-Glen Burnie Foundation
c/o Farmers National Company
Suite 400
5110 South Yale
Tulsa, OK 74135

9590 9403 0589 5183 9140 13

2. Article 7014 0510 0000 9535 0442

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Gray ☐ Agent ☐ Addressee

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

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

RAM Foundation
P.O. Box 6519
Paris, TX 75461

9590 9402 1676 6053 7812 64

2. Article Number (Transfer from service label)
7014 0510 0000 9535 0435

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

PIERRE SD 57501
AUG 0 4 2016
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

MFM

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark Here

7014 0510 0000 9535 0428

Sent To: RSG Properties, Ltd.
Street, Apt. No.; or PO Box No.: 2700 Racquet Club Drive
City, State, ZIP+4: Midland, TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

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

Postmark Here

7014 0510 0000 9535 0435

Sent To: RAM Foundation
Street, Apt. No.; or PO Box No.: P.O. Box 6519
City, State, ZIP+4: Paris, TX 75461

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

RSG Properties, Ltd.
2700 Racquet Club Drive
Midland, TX 79705

9590 9403 0589 5183 9139 31

2. Article Number (Transfer from service label)
7014 0510 0000 9535 0428

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 8-1-16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

MFM

Domestic Return Receipt

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

July 28, 2016

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by M & M Energy, LLC, regarding a well in the NE¼SW¼ of Section 6, Township 22 South, Range 36 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 18, 2016, 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 this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

Applicant has informed me that you intend to participate in the well, or lease your interest. If you do so, you will not be subject to pooling.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, August 11, 2016. 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

James Bruce

Attorney for M & M Energy, LLC

Exhibit A

Sally Mcilhenny Osborn Hewitt
1411 West Bridalveil Place
Tucson, AZ 85737

Walter Mcilhenny Gibbs
1835 County Road 213
Weimar, TX 78962

John Osborn Gibbs
500 Crescent Drive
Bryan, TX 77801

Patricia Sullivan Gibbs
608 Woodlake Drive
McQueeny, TX 78123

Roy G. Barton
2914 Cashell Wood Drive
Cedar Park, TX 78613

Jane Sack
302 Park Avenue
Statesboro, GA 30458

Bebe De'Vlaming
Apartment 2145
2151 Southern Avenue
Mesa, AZ 85204

Kirby Mineral, GP
Suite 1008
100 Park Avenue
Oklahoma City, OK 73102

John E. McCool
Room 104
213 West 3rg Avenue
Warren, PA 16365

Wilma M. Phillips, Trustee
P.O. Box 2411
Bakersfield, CA 93303

Judith Cruz Trust
P.O. Box 4539
Sedona, AZ 86340

Barbara Blewett Trust
P.O. Box 4539
Sedona, AZ 86340

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Barbara Blewett Trust
P.O. Box 4539
Sedona, AZ 86340

9590 9403 0589 5183 9139 17

2. Article Number (Transfer from service label)

7014 0510 0000 9535 0497

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) J DISCH

C. Date of Delivery AUG 2016

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

SEDONA ARIZONA AUG USPS

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

MTM 2

Domestic Return Receipt

7014 0510 0000 9535 0480

U.S. Postal Service™
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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
Judith Cruz Trust
Street, Apt. No., or PO Box No. P.O. Box 4539
City, State, ZIP+4 Sedona, AZ 86340

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 0497

U.S. Postal Service™
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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
Barbara Blewett Trust
Street, Apt. No., or PO Box No. P.O. Box 4539
City, State, ZIP+4 Sedona, AZ 86340

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Judith Cruz Trust
P.O. Box 4539
Sedona, AZ 86340

9590 9403 0589 5183 9139 24

2. Article Number (Transfer from service label)

7014 0510 0000 9535 0480

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) J DISCH

C. Date of Delivery AUG 2016

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

SEDONA ARIZONA AUG USPS

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over $500)

PS Form 3811, April 2015 PSN 7530-02-000-9053

MTM -2

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

John E. McCool
Room 104
213 West 3rg Avenue
Warren, PA 16365

9590 9402 1676 6053 6365 57

2. Article Number (Transfer from service label)
7014 0510 0000 9535 0589

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
8/2/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 (over $500)

MTM 2

Domestic Return Receipt

7014 0510 0000 9535 0527

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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: John Osborn Gibbs
Street, Apt. No., or PO Box No.: 500 Crescent Drive
City, State, ZIP+4: Bryan, TX 77801

PS Form 3800, August 2006 — See Reverse for Instructions

7014 0510 0000 9535 0589

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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

Sent To: John E. McCool
Street, Apt. No., or PO Box No.: Room 104, 213 West 3rg Avenue
City, State, ZIP+4: Warren, PA 16365

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

John Osborn Gibbs
500 Crescent Drive
Bryan, TX 77801

9590 9403 0589 5183 9138 87

2. Article Number (Transfer from service label)
7014 0510 0000 9535 0527

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)
JOHN GIBBS

C. Date of Delivery
8/4/16

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

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

MTM 2

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Walter Mcilhenny Gibbs
1835 County Road 213
Weimar, TX 78962

9590 9403 0589 5183 9138 94

2. Article Numb 7014 0510 0000 9535 0510

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Walter Gibbs
C. Date of Delivery 8-3-16

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

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over $500)

MTM 2

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 0510 0000 9535 0510

U.S. Postal Service™
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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 Walter Mcilhenny Gibbs
Street, Apt. No., or PO Box No. 1835 County Road 213
City, State, ZIP+4 Weimar, TX 78962

PS Form 3800, August 2006 See Reverse for Instructions

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Updated Delivery Day: Wednesday, August 3, 2016

Product & Tracking Information

Available Actions

Postal Product: | Features: Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
August 3, 2016 , 9:20 am	Delivered, Left with Individual	MC QUEENEY, TX 78123
[illegible]	[illegible]	[illegible] QUEENEY TX 78123
August 3, 2016 , 8:11 am	Out for Delivery	SEGUIN, TX 78155
August 3, 2016 , 8:01 am	Sorting Complete	SEGUIN, TX 78155
August 3, 2016 , 7:59 am	Arrived at Unit	SEGUIN, TX 78155
August 2, 2016 , 3:46 pm	Departed USPS Facility	SAN ANTONIO, TX 78284
August 2, 2016 , 9:06 am	Arrived at USPS Facility	SAN ANTONIO, TX 78284
July 31, 2016 , 2:38 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
July 30, 2016 , 9:32 pm	Arrived at USPS Facility	ALBUQUERQUE, NM [illegible]

Track Another Package

Tracking (or receipt) number

Track It

7014 0510 0000 9535 0534

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

Sent To: Patricia Sullivan Gibbs
Street, Apt. No.; or PO Box No.: 608 Woodlake Drive
City, State, ZIP+4: McQueeny, TX 78123

PS Form 3800, August 2006

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

Postmark Here

7014 0510 0000 9535 0596

Sent To: Wilma M. Phillips, Trustee
Street, Apt. No.; or PO Box No.: P.O. Box 2411
City, State, ZIP+4: Bakersfield, CA 93303

PS Form 3800, August 2006 — See Reverse for Instructions

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

7014 0510 0000 9535 0596

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000088434

ank
8/2

Wilma M. Phillips, Trustee
P.O. Box 2411

NIXIE 913 FE 1 0008/04/16
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 87504105656 *0966-00215-30-43

87504@1056
9330332411

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

OFFICIAL USE

7014 0510 0000 9535 0572

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

Postmark Here

Sent To	Kirby Mineral, GP Suite 1008
Street, Apt. No.; or PO Box No.	100 Park Avenue
City, State, ZIP+4	Oklahoma City, OK 73102

PS Form 3800, August 2006 — See Reverse for Instructions

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™

$6.47⁰
US POSTAGE
FIRST-CLASS

071V00607931
87501
000088432

7014 0510 0000 9535 0572

Kirby Mineral, GP
Suite 1008
100 Park Avenue
Oklahoma City, OK 73102

NIXIE 731 DE 1 0008/03/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 87504105656 *0968-00222-30-43

73102$BCUTF
87504>1056

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

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

Sent To: Bebe De'Vlaming
Apartment 2145
Street, Apt. No.; or PO Box No.: 2151 Southern Avenue
City, State, ZIP+4: Mesa, AZ 85204

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0000 9535 0565

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

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
2000058431

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7014 0510 0000 9535 0565

Bebe De'Vlaming
Apartment 2145
2151 Southern Avenue
Mesa, AZ 85204

NIXIE 850 FE 1 0008/06/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 87504105656 *0968-00221-30-43

ANK

87504>1056

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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

7014 0510 0000 9535 0503

Sent To: Sally Mcilhenny Osborn Hewitt
Street, Apt. No.; or PO Box No.: 1411 West Bridalveil Place
City, State, ZIP+4: Tucson, AZ 85737

PS Form 3800, August 2006 — See Reverse for Instructions

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

ALBUQUERQUE
NM 870
30 JUL '16
PM 3 L

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
0008B438

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

UAA

7014 0510 0000 9535 0503

9400921879215160

NSN

Sally Mcilhenny Osborn Hewitt
1411 West Bridalveil Place
Tucson, AZ 85737

NIXIE 850 5E 1 0008/02/16
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 87504105656 *0668-04832-30-39

7014 0510 0000 9535 0541

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CERTIFIED MAIL™ RECEIPT
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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: Roy G. Barton
Street, Apt. No.; or PO Box No.: 2914 Cashell Wood Drive
City, State, ZIP+4: Cedar Park, TX 78613

PS Form 3800, August 2006 — See Reverse for Instructions

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

$6.47⁰
US POSTAGE

7014 0510 0000 9535 0541

UNC

Roy G. Barton
2914 Cashell Wood Drive
[illegible] TX 78613

NIXIE 787 DE 1 0008/30/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 87504105656 *0968-00220-30-43

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

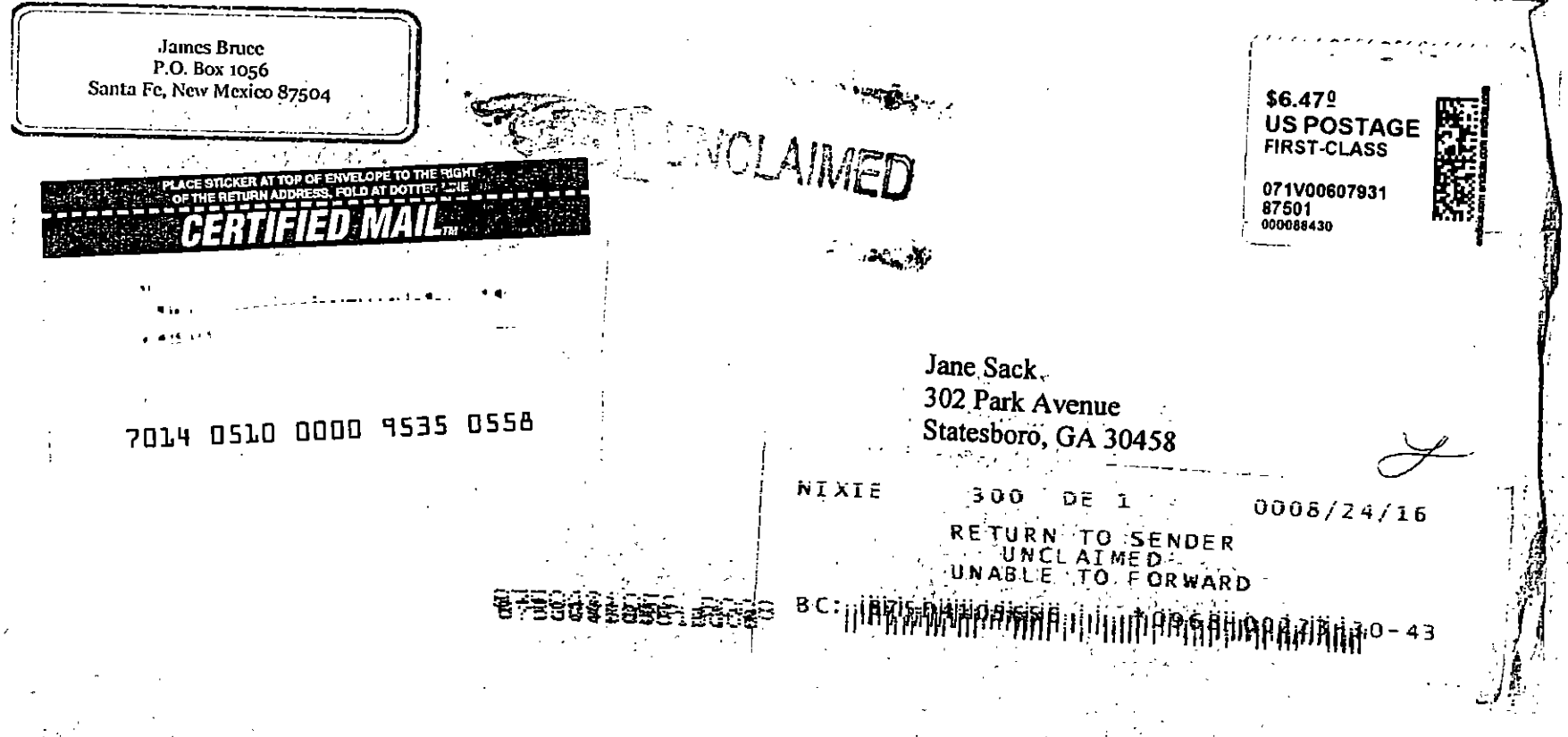
7014 0510 0000 9535 0558

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

Postmark Here

Sent To: Jane Sack
Street, Apt. No., or PO Box No.: 302 Park Avenue
City, State, ZIP+4: Statesboro, GA 30458

PS Form 3800, August 2006 — See Reverse for Instructions



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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™

UNCLAIMED

$6.47⁰
US POSTAGE
FIRST-CLASS
071V00607931
87501
000088430

7014 0510 0000 9535 0558

Jane Sack
302 Park Avenue
Statesboro, GA 30458

NIXIE 300 DE 1 0008/24/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: [illegible] 0-43