

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

APPLICATION OF MEWBOURNE OIL COMPANY
FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
EDDY COUNTY, NEW MEXICO

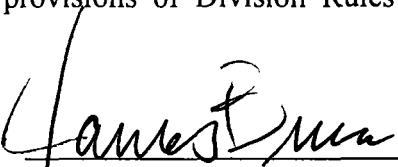
Case No 15,636

AFFIDAVIT OF NOTICE

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

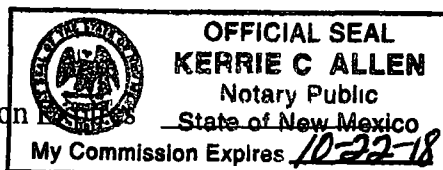
James Bruce being duly sworn upon his oath deposes and states

- 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 offset operators or 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 29th day of March, 2017 by James Bruce

My Commission Expires




Notary Public

EXHIBIT

7

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE NEW MEXICO 87504

369 MONTE/UMA NO 213
SANTA FE NEW MEXICO 87501

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

jamesbruce@iol.com

February 9 2017

CERTIFIED MAIL RETURN RECEIPT REQUESTED

To Persons on Exhibit A

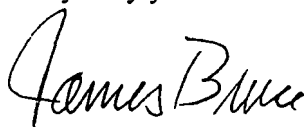
Ladies and gentlemen

Enclosed are copies of two applications for a non standard unit and compulsory pooling filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company regarding (i) a Bone Spring well in the W/2E/2 of Section 2 and the W/2E/2 of Section 11 and (ii) a Wolfcamp well in the E/2 of Section 2 and E/2 of Section 11, in Township 25 South Range 28 East NMPM Eddy County, New Mexico

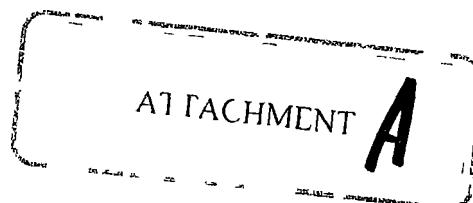
The matters are scheduled for hearing at 8 15 a m on Thursday March 2 2017 in Porter Hall at the Division s offices at 1220 South St Francis Drive Santa Fe New Mexico 87505 You are not required to attend the hearing but **as an offset operator or interest owner** who may be affected by the applications you may appear and present testimony Failure to appear at that time and become a party of record will preclude you from contesting these matters at a later date

A party appearing in a Division case is required by Division Rules to file a Pre Hearing Statement no later than Thursday February 23 2017 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 his or her 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

Very truly yours


James Bruce

Attorney for Mewbourne Oil Company



EXHIBIT

A

Devon Energy Production Company, L P
333 West Sheridan Avenue
Oklahoma City Oklahoma 73102
Attn Mr Brandon Patrick

EOG Resources Inc
5509 Champions Drive
Midland TX 79706
Attn Paul Boland

Chevron U S A Inc
6301 Deauville Boulevard
Midland Texas 79706

Attention Permitting Team

RKC Inc
7500 East Arapahoe Road Suite 380
Centennial CO 80112 6116
Attn Anthony Kochevar

RKI Exploration & Production L I C
3500 One Williams Center Suite 3500
Tulsa Oklahoma 74172
Attn Justin Hall

Jetta X 2 L P
777 Taylor Street
Fort Worth Texas 76102 4914
Attn Mr Joe W Glazner

Falconer Resources 2001 Limited Partnership I LP
1001 ESE Loop 323 Suite 160
Tyler Texas 75701
Attn Jean Crawley

Magnum Hunter Production Inc
600 N Marienfeld Ste 600
Midland Texas 79701
Attn Kelly Reese

Wells Fargo Bank NA
Trustee of the Robert N Fntfield
Revocable Trust u/t/a dated March 16 1999
P O Box 1959
Midland Texas 79702

KDL Properties LLC
P O Box 3422
Midland Texas 79702

Dexter Resources Co
P O Box 7015
Midland Texas 79708

Kaye H Gassie
4110 Esters Road Apt #176
Living Texas 75038

Cimarex Energy Co
600 N Marienfeld Ste 600
Midland Texas 79701
Attn Kelly Reese

COG Operating LLC
600 W Illinois Avenue
One Concho Center
Midland Texas 79701
Attn Mrs Rita Buress

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

Icon Resources 2001 Limited Partnership LP
1001 FSE Loop 3 Suite 160
Little Rock AR 72701

9590 9402 1676 6053 6582 14

2 Article Number (Transfer from service label)
7014 0510 0000 9539 7539

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

Restricted Delivery

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

Postage \$

Certified Fee

Return Receipt (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

St of Apt No
PO Box No
City State ZIP 4

Chevron USA Inc
6301 Deauville Boulevard
Midland Texas 79706

PS Form 3800 August 2005 See Reverse for Instructions

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

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

Postage \$

Certified Fee

Return Receipt (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

St of Apt No
PO Box No
City State ZIP 4

Icon Resources 2001 Limited Partnership LP
1001 FSE Loop 3 Suite 160
Little Rock AR 72701

9590 9402 1676 6053 6582 52

7014 0510 0000 9539 7577

PS Form 3800 August 2005 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

Chevron USA Inc
6301 Deauville Boulevard
Midland Texas 79706

9590 9402 1676 6053 6582 52

2 Article

7014 0510 0000 9539 7577

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) C Date of Delivery
2/17/17

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

3 Service Type

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

Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 COK Operating LLC 600 W Illinois Ave O Co LLC Midland Texas 79701		A Signature X Donna Simmons ☐ Agent ☐ Addressee B Received by (Printed Name) Donna Simmons C Date of Delivery 2/17/17 D Is delivery address different from item 1? ☐ Yes If YES enter delivery address below ☐ No	
2 Article Addressed to 9590 9402 1676 6053 6581 46 7014 0510 0000 9539 7461		3 Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	

PS Form 3811 July 2015 PSN 7530 02 000 9053

M H

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	
Postage \$	Postmark
C1 d F e	
R t R p F (Enclosure Required)	
R s c e r v e r y F e (Enclosure Required)	
Tc P e & F e s \$	
S t i g	Well Fargo Bank NA 1111 North Robert N Field Republic Trust w/a dated March 16 1999 PO Box 1959 Midland Texas 79702
et Ap Po ROB ✓	
ta ZIP	

PS Form 3811 August 2005 See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Signature	Postmark
Received by (Printed Name)	Date of Delivery
Is delivery address different from item 1? ☐ Yes If YES enter delivery address below ☐ No	
3 Service Type	
☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☐ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery

PS Form 3811 August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 Well Fargo Bank NA 1111 North Robert N Field Republic Trust w/a dated March 16 1999 PO Box 1959 Midland Texas 79702		A Signature X [Signature] ☐ Agent ☐ Addressee B Received by (Printed Name) Donna Simmons C Date of Delivery 2-17-17 D Is delivery address different from item 1? ☐ Yes If YES enter delivery address below ☐ No	
2 Article Addressed to 9590 9402 1676 6053 6581 91 7014 0510 0000 9539 7515		3 Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	

PS Form 3811 July 2015 PSN 7530 02 000 9053

M H

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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		A. Signature <u>David Carnello</u> ☐ Agent ☒ Addressee	
1 Article Addressed to Devon Energy Production Company 333 West Shenda Avenue Oklahoma City Oklahoma 73102 9590 9402 1676 6053 6582 76		B Received by (Printed Name)	C Date of Delivery
2 Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below		3 Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	
PS Form 3811 July 2015 PSN 7530 02-000 9053		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	
Postage & Fee \$ Postmark Here	1 KI Expiration & Post Office 3500 One Williams Center Suite 1500 Tulsa Oklahoma 74172
PS Form 3811, August 2000 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com	
Postage & Fee \$ Postmark Here	1 KI Expiration & Post Office 3500 One Williams Center Suite 1500 Tulsa Oklahoma 74172
PS Form 3811, August 2000 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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		A. Signature <u>B. Bailey</u> ☐ Agent ☒ Addressee	
1 Article Addressed to Devon Energy Production Company 333 West Shenda Avenue Oklahoma City Oklahoma 73102 9590 9402 1676 6053 6582 38		B Received by (Printed Name)	C Date of Delivery
2 Is delivery address different from item 1? ☐ Yes ☒ No If YES enter delivery address below		3 Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery	
PS Form 3811 July 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

KDI Properties LLC
P O Box 422
Midland Texas 79702

9590 9402 1676 6053 6581 84

2 Article Number (Transfer from service label)

7014 0510 0000 9539 7508

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A Signature

[Signature]

- ☐ Agent
- ☐ Addressee

B Received by (Printed Name)

[Signature]

C Date of Delivery

2-1-11

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

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

Postage \$

Certified Fee

Return Receipt
(Endorsement Required)

Registered Delivery Fee
(Endorsement Required)

To a Postage & Fees \$

Sent To

See Appt No
or B7 No
City State ZIP 4

Letta X 2 L P
777 Taylor Street
Fort Worth Texas 76102 4914

PS Form 3800 August 2006

See Reverse for Instructions

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

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

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

Letta X 2 L P
777 Taylor Street
Fort Worth Texas 76102 4914

9590 9402 1676 6053 6582 21

2 Article Number (Transfer from service label)

7014 0510 0000 9539 7546

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A Signature

[Signature]

- ☐ Agent
- ☐ Addressee

B Received by (Printed Name)

[Signature]

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

Restricted Delivery

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

Cimarc Energy Co
600 N Marienfeld Ste 600
Midland TX 79701

9590 9402 1676 6053 6581 53

COMPLETE THIS SECTION ON DELIVERY

A Signature

X *Jackie Norriss*

- ☐ 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

- ☐ 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 on Restricted Delivery

Restricted Delivery

PS Form 3811 July 2015 PSN 7530 02 000 9053

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

Postage

\$

Certified Fee

\$

Return Receipt Fee
(End of Mail)

\$

Restricted Delivery
Extra Fee

\$

Total Postage & Fees

\$

See To

Magnum Hunter Production Inc
600 N Marienfeld Ste 600
Midland Texas 79701

Set Apt No

o PC Box No

C State Z P

PS Form 3811, August 2005

See Reverse for Instructions

7014 0510 0000 9539 7522

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

Return Receipt Fee
(End of Mail)Restricted Delivery
(End of Mail)

Total Postage & Fees

\$

See To

Cimarc Energy Co
600 N Marienfeld Ste 600
Midland TX 79701

Set Apt No

o PC Box No

C State Z P

PS Form 3811, August 2005

See Reverse for Instructions

7014 0510 0000 9539 7478

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

Magnum Hunter Production Inc
600 N Marienfeld Ste 600
Midland Texas 79701

9590 9402 1676 6053 6582 07

COMPLETE THIS SECTION ON DELIVERY

A Signature

X *Jackie Norriss*

- ☐ 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

- ☐ 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 on Restricted Delivery

Restricted Delivery

2 Article Addressed to (Transfer from service label)

7014 0510 0000 9539 7522

PS Form 3811 July 2015 PSN 7530 02-000 9053

Domestic Return Receipt

M H

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

RKC I
500 California Road Suite 80
Centennial CO 80112 6116

9590 9402 1676 6053 6582 45

2 Article Addressed to
7014 0510 0000 9539 7560

PS Form 3811 July 2015 PSN 7530 02 000 9053

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

- ☐ 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)

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

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark

See T

Street Address

PO Box No

City State ZIP

FOC Resources Inc
5509 Champions Drive
Midland TX 79706

PS Form 3800 August 2015

See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage

Return Receipt Fee

Restricted Delivery Fee

Total Postage & Fees \$

See T

Street Address

PO Box No

City State ZIP

RKC I
7500 California Road Suite 80
Centennial CO 80112 6116

PS Form 3800 August 2015

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

FOC Resources Inc
5509 Champions Drive
Midland TX 79706

9590 9402 1676 6053 6582 69

2 Article Addressed to
7014 0510 0000 9539 7584

PS Form 3811 July 2015 PSN 7530 02 000 9053

COMPLETE THIS SECTION ON DELIVERY

A Signature

James Whitehead

- ☐ Agent
- ☐ Addressee

B Received by (Printed Name)

James Whitehead

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

Restricted Delivery

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

De iter Reso rces Co
P O Box 7015
M dland Texas 79708

9590 9402 1676 6053 6581 77

7014 0510 0000 9539 7492

COMPLETE THIS SECTION ON DELIVERY

A Signature

X

[Handwritten Signature]

☐ Agent

☐ Addressee

B Received by (Printed Name)

F RAO

C Date of Delivery

2-18-17

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

☐ Mail

☐ Mail Restricted 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

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

Postage

Collection

Receipt Fee
(E oo c 1 Req J)

Restricted Delivery Fee
(L do enent R q J)

Total Postage & Fees \$

Postmark Fee

Sender

De iter Reso rces Co
P O Box 7015
M dland Texas 79708

Signature
of Addressee
City State ZIP

PS Form 3800, August 2006

See Reverse for Instructions

7014 0510 0000 9539 7492

James Bruce
P O Box 1056
Santa Fe New Mexico 87504

JAME
1st Notice
2nd Notice

314

\$6.89⁰
US POSTAGE
FIRST CLASS

071V00607931
87501
000094576



Return

LM
2-17

7014 0510 0000 9539 7485

Kaye H Gassie
4110 Esters Road Apt #176
Austin Texas 78738

7014 0510 0000 9539 7485

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	
Registration Fee	
Reprint Fee (End User Required)	
Restricted Delivery Fee (End User Required)	
Total Postage & Fee	\$

Signature

Sent to	Kaye H Gassie
Street	4110 Esters Road Apt #176
PO Box No	
City State ZIP	Austin Texas 78738