

RECEIVED

2008 APR 11 PM 1:54

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

APPLICATION OF APACHE CORPORATION
FOR COMPULSORY POOLING, LEA COUNTY,
NEW MEXICO.

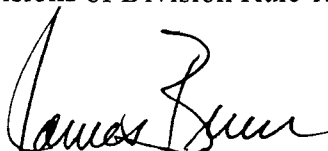
Case No. 14,098

AFFIDAVIT OF NOTICE

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

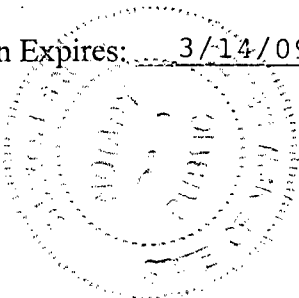
James Bruce, being duly sworn upon his oath, deposes and states:


1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Apache Corporation.
3. Applicant 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 correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rule 1210.


James Bruce

SUBSCRIBED AND SWORN TO before me this 1st day of April 2008 by James Bruce.

My Commission Expires: 3/14/09




Notary Public

Oil Conservation Division
Case No. _____
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)

jamesbruc@aol.com

February 27, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

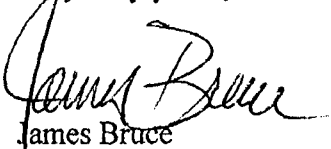
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Apache Corporation, regarding the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 11, Township 20 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, March 20, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, March 13, 2008 if you intend to participate in the hearing.

Very truly yours,



James Bruce

Attorney for Apache Corporation

EXHIBIT

A

EXHIBIT A

| Name & Address | Interest | Net Acres |
|---|----------------------|------------------|
| The Allar Company, a Texas Corporation P.O. Box 1567 Graham, TX 76450-1567 | 1/6 of 5.6666/320 | 0.118054167 |
| Robert Groves Howard, Jr. and Pamela Kaye Howard 3813 Trevino Hobbs, NM 88240 | 3/256 | 0.46875 |
| Thelma Marie Carlin 312 Walnut Ruidoso, NM 88345 | 3/256 | 0.46875 |
| Timothy James Carlin HCR 79 Box 4 West Paint Rock, TX 76866 | 3/256 | 0.46875 |
| Sarah Elizabeth Carlin 3956 Buffalo Avenue Broomfield, CO 80020 | 3/256 | 0.46875 |
| Suzanne Imes 581 Harold Avenue NE Atlanta, GA 30307 | 5/3200 | 0.0625 |
| Bill Warrick and Carla | 5/3200 | 0.0625 |
| Sharon Imes Lodovic 7408 Lynwood Drive Dallas, TX 75248 | 5/3200 | 0.0625 |
| Overloade Ltd (1/3) P.O. Box 148 Las Cruces, NM 88001 | 1/384 | 0.104166667 |
| Jack Reid 2400 Summer Place Drive Swing, TX 75062 | 1/384 | 0.104166667 |
| Harold James Reid, Jr. P.O. Box 504 Burns, OR 97720 | 1/384 | 0.104166667 |
| Ethel Cooper | 1/224 | 0.178571429 |
| Clarence A. Crook | 1/224 | 0.178571429 |
| Lloyd A. Crook | 1/224 | 0.178571429 |
| Ollie Mae Robinson | 1/224 | 0.178571429 |
| Willis R. Crook | 1/224 | 0.178571429 |
| Bruce Olin Crook | 1/224 | 0.178571429 |
| Fred D. Crook | 1/224 | 0.178571429 |

Total Unleased 9.3576% 3.743054167

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com[®]

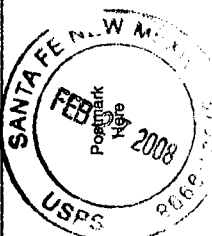
OFFICIAL USE

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

Sent To
 Thelma Marie Carlin
 312 Walnut
 Ruidoso, NM 88345

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

PS Form 3800, August 2006 See Reverse for Instructions



62h6 9TEh T000 05hE 9002

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:

Thelma Marie Carlin
 312 Walnut
 Ruidoso, NM 88345

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Thelma Marie Carlin* ☐ Agent

B. Received by (Printed Name) *Thelma Marie Carlin* C. Date of Delivery *FEB 11 2008*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7006 3450 0001 4316 9423**

PS Form 3811, February 2004 Domestic Return Receipt *AS*

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:

Sarah Elizabeth Carlin
 3956 Buffalo Avenue
 Broomfield, CO 80020
 7556

COMPLETE THIS SECTION ON DELIVERY

A. Signature *J. Mason* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *J. Mason* C. Date of Delivery *3/1/08*

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7006 3450 0001 4316 9409**

PS Form 3811, February 2004 Domestic Return Receipt *AS*

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com[®]

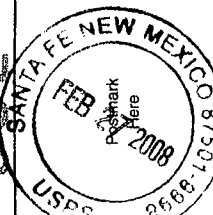
OFFICIAL USE

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

Sent To
 Sarah Elizabeth Carlin
 3956 Buffalo Avenue
 Broomfield, CO 80020

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

60h6 9TEh T000 05hE 9002



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 \$

Sent To
 Jack Reid
 2400 Summer Place Drive
 Swing, TX 75062
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

2966 9767 7000 0546 9002

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:
 Harold James Reid, Jr.
 P.O. Box 504
 Burns, OR 97720

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent
 B. Received by (Printed Name) *Harold James Reid, Jr.* C. Date of Delivery *3-3-08*
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:
 If YES, enter delivery address below:
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number *7006 3450 0001 4316 9355*
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt *AR*
 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Jack Reid
 2400 Summer Place Drive
 Swing, TX 75062

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent
 B. Received by (Printed Name) *Jack Reid* C. Date of Delivery *2-29-08*
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:
 If YES, enter delivery address below:
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number *7006 3450 0001 4316 9362*
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt *AR*
 102595-02-M-1540

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 \$

Sent To
 Harold James Reid, Jr.
 P.O. Box 504
 Burns, OR 97720
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SANTA FE NEW MEXICO
FEB 27 2008
USPS
8666-105

5566 9767 7000 0546 9002

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 Allar Company,
P.O. Box 1567
Graham, TX 76450-1567

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number 7006 3450 0001 4316 9447
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt AP 102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM 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 | \$ |



Sent To The Allar Company,
P.O. Box 1567
Graham, TX 76450-1567
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

2006 9447 0000 0546 9002

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 | \$ |



Sent To _____

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

City, State, ZIP+4 _____

Robert Groves Howard, Jr.
 3813 Trevino
 Hobbs, NM 88240

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4316 9430

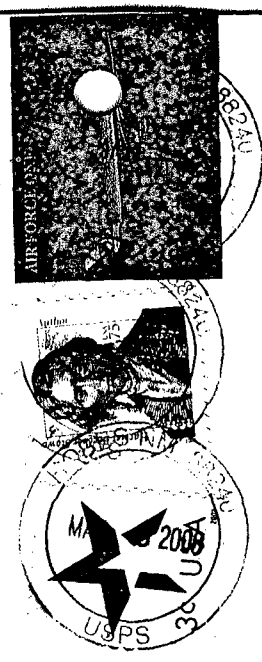
CERTIFIED MAIL™

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

7006 3450 0001 4316 9430

1ST NOTICE 3-10-08
 2ND NOTICE _____
 RETURN _____

Robert Groves Howard, Jr.
 3813 Trevino
 Hobbs, NM 88240



UTF

8750401056
 9824035275 0075

2006 3450 0001 4316 9386

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

7006 3450 0001 4316 9416

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



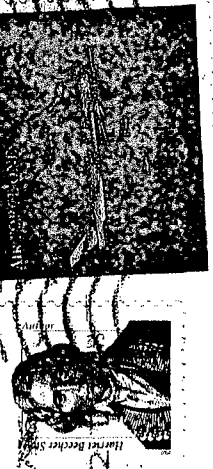
| | |
|------------------------------------|---|
| Sent To | Timothy James Carlin HCR 79 Box 4 West Paint Rock, TX 76866 |
| Street, Apt. No., or PO Box No. | |
| City, State, ZIP+4 | |

PS Form 3800, August 2006 See Reverse for Instructions



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

7006 3450 0001 4316 9416



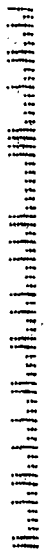
11 MAR 2008

1ST NOTICE
 2-12

Timothy James Carlin
 HCR 79 Box 4 West
 Paint Rock, TX 76866

VAC

768663359494058

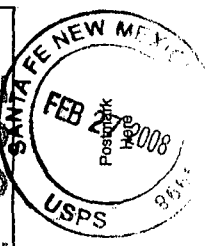


U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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 | \$ |



Sent To

Overload Ltd (1/3)
P.O. Box 148
Las Cruces, NM 88001

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

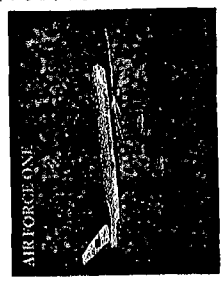
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0001 4316 9379

CERTIFIED MAILTM

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



7006 3450 0001 4316 9379

POST NOTICE
3-27

Overload Ltd (1/3)
P.O. Box 148
Las Cruces, NM 88001



REFUSED
UNCLAIMED

NAME **FEB 29 2008**
3-5
3-5

8750401056

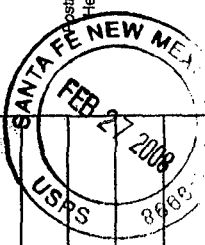
7006 3450 0001 4316 9393

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 \$ | |



Sent To: Suzanne Imaes
581 Harold Avenue NE
Atlanta, GA 30307

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

PS Form 3800, August 2006 See Reverse for Instructions

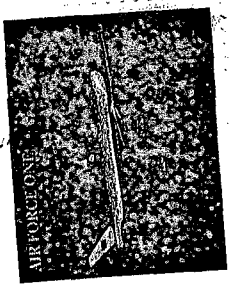
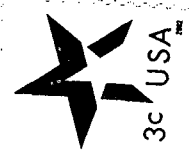
CERTIFIED MAIL[™]

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

- ☐ Insufficient Address
- ☐ Moved, Left No Address
- ☒ Undelivered ☐ Refused
- ☐ Attempted, Not Known
- ☐ No Such Street ☐ Vacant
- ☐ No Such Name
- ☐ Other

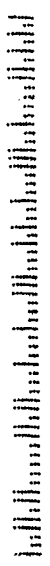
Suzanne Imaes
581 Harold Avenue NE
Atlanta, GA 30307

ST NOTICE
RETURN TO
3-27



44 710
3-17
3-21

3030731741 0010



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

March 12, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

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 Apache Corporation, regarding the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 11, Township 20 South, Range 38 East, N.M.P.M., Lea County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, April 3, 2008, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, March 27, 2008 if you intend to participate in the hearing.

Very truly yours,

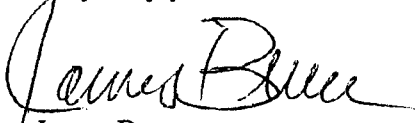

James Bruce
Attorney for Apache Corporation

EXHIBIT A

| Name & Address | Interest | Net Acres |
|--|-----------------|------------------|
| Robert Groves Howard, Jr. and Pamela Kaye Howard 3813 Trevino Hobbs, NM 88240 | 3/256 | 0.46875 |
| Thelma Marie Carlin 312 Walnut Ruidoso, NM 88345 | 3/256 | 0.46875 |
| Timothy James Carlin 2727 Cross Tide Lane Friendswood, TX 77546 | 3/256 | 0.46875 |
| Sarah Elizabeth Carlin 3956 Buffalo Avenue Broomfield, CO 80020 | 3/256 | 0.46875 |
| Suzanne Imes 1630 Belle Isle Circle NE Atlanta, GA 30329 | 5/3200 | 0.0625 |
| Bill Warrick and Carla | 5/3200 | 0.0625 |
| Sharon Imes Lodovic 451 Oak Brook New Braunfels, TX 78132 | 5/3200 | 0.0625 |
| Overloade Ltd (1/3) P.O. Box 148 Las Cruces, NM 88001 | 1/384 | 0.104166667 |
| Jack Reid 2400 Summer Place Drive Swing, TX 75062 | 1/384 | 0.104166667 |
| Betty Hawkins McRae 8101 North 47 th Street Paradise Valley, AZ 85253 | 1/64 | 0.625 |
| Ethel Cooper | 1/224 | 0.178571429 |
| Clarence A. Crook | 1/224 | 0.178571429 |
| Lloyd A. Crook | 1/224 | 0.178571429 |
| Ollie Mae Robinson | 1/224 | 0.178571429 |
| Willis R. Crook | 1/224 | 0.178571429 |
| Bruce Olin Crook | 1/224 | 0.178571429 |
| Fred D. Crook | 1/224 | 0.178571429 |

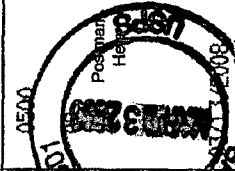
Total Unleased 10.3646% 4.145833333

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
NEVER TOTAL USE

Postage \$ \$0.41
 Certified Fee \$2.65
 Return Receipt Fee (Endorsement Required) \$2.
 Restricted Delivery Fee (Endorsement Required) \$0.
 Total Postage & Fees \$ \$5.21

Sent To
 Sharon Innes Lodovic
 451 Oak Brook
 New Braunfels, TX 78132
 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:
 Betty Hawkins McRae
 8101 North 47th Street
 Paradise Valley, AZ 85253

2. Article Number
 (Transfer from service label) 7006 3450 0001 4316 9506

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Betty Hawkins McRae*
 Received by (Printed Name) *Betty Hawkins McRae*
 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
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Return Receipt for Merchandise
☐ Express Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:
 Sharon Innes Lodovic
 451 Oak Brook
 New Braunfels, TX 78132

2. Article Number
 (Transfer from service label) 7006 3450 0001 4316 9515

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sharon Innes Lodovic*
 Received by (Printed Name) *Sharon Innes Lodovic*
 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
☐ Registered
☐ Insured Mail
☐ C.O.D.
☐ Return Receipt for Merchandise
☐ Express Mail

4. Restricted Delivery? (Extra Fee) ☐ Yes

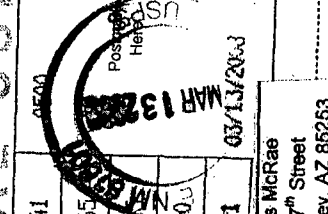
102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
NEVER TOTAL USE

Postage \$ \$0.41
 Certified Fee \$2.65
 Return Receipt Fee (Endorsement Required) \$2.
 Restricted Delivery Fee (Endorsement Required) \$0.00
 Total Postage & Fees \$ \$5.21

Sent To
 Betty Hawkins McRae
 8101 North 47th Street
 Paradise Valley, AZ 85253
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



7006 3450 0001 4316 9506

7006 3450 0001 4316 9515


[Home](#) | [Help](#) | [Sign In](#)
[Track & Confirm](#)
[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: **7006 3450 0001 4316 9522**
 Status: **Delivered**

Your item was delivered at 1:54 PM on March 28, 2008 in ATLANTA, GA 30329.

[Track & Confirm](#)

Enter Label/Receipt Number.

[Go >](#)
[Additional Details >](#)
[Return to USPS.com Home >](#)

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

[Site Map](#)
[Contact Us](#)
[Forms](#)
[Gov't Services](#)
[Jobs](#)
[Privacy Policy](#)
[Terms of Use](#)
[National & Premier Accounts](#)

Copyright© 1999-2007 USPS. All Rights Reserved.

No FEAR Act EEO Data

FOIA


 U.S. Postal Service
 United States of America

 U.S. Postal Service
 United States of America

| U.S. Postal Service | |
|--|----------------|
| CERTIFIED MAIL RECEIPT | |
| (Domestic Mail Only, No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| ATLANTA, GA 30329 | |
| OFFICIAL USE | |
| Postage | \$ 0.41 |
| Certified Fee | \$2.00 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$ 2.41 |
| Sent To: Suzanne Imes Street, Apt. No., or PO Box No.: 1630 Belle Isle Circle NE City, State, ZIP+4: Atlanta, GA 30329 | |
| 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

FOR OFFICIAL USE

| | |
|---|---------|
| Postage | \$ 0.41 |
| Certified Fee | \$2.65 |
| Return Receipt Fee (Endorsement Required) | \$2.13 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$ 5.21 |

Sent To

Timothy James Carlin
 2727 Cross Tide Lane
 Friendswood, TX 77546
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7000 054E 9002 4316 9539 6556

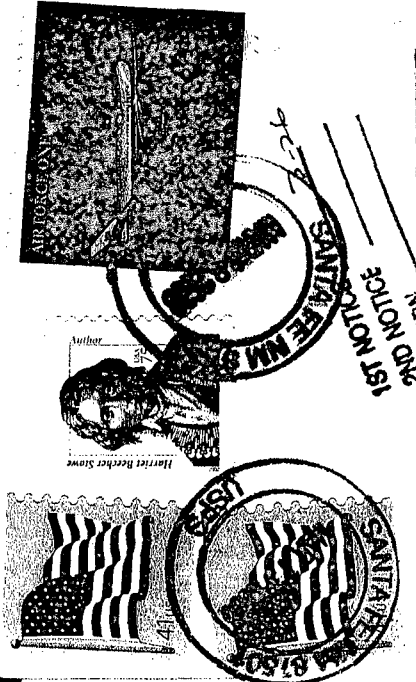
James Bruce
 P.O. Box 1056
 Santa Fe, New Mexico 87504

7006 3450 0001 4316 9539

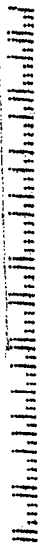
Timothy James Carlin
 2727 Cross Tide Lane
 Friendswood, TX 77546

ANK
 4628
 3/17/08
 9

CERTIFIED MAIL



U.S. POSTAGE
 PAID
 SANTA FE, NM
 87501
 MAR 13 2008
 AMOUNT
\$0.00
 00093732-02



775463825540003