

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

**APPLICATION OF ENERVEST OPERATING
LLC FOR EXPANSION OF THE WATERFLOOD
PROJECT FOR THE WEST LOCO HILLS GRAYBURG
NO. 4 SAND UNIT, EDDY COUNTY, NEW MEXICO.**

Case No. 14,243

AFFIDAVIT OF NOTICE

COUNTY OF HARRIS)
) ss.
STATE OF TEXAS)

Dwain Blakley, being duly sworn upon his oath, deposes and states:

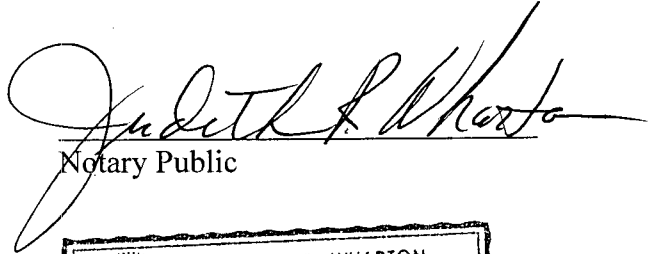
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am a landman for Enervest Operating LLC
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Attached as Exhibit A is a plat highlighting in blue the area of review for the initial phase of the waterflood expansion.
5. A list of wells within the area of review which penetrate the injection zone, and which identifies the operators of the wells, is attached as Exhibit B. This information was obtained from Oil Conservation Division files.
6. A list of working interest owners in the Grayburg formation in lands within the area of review, but outside of the unit area and with no well thereon, is attached as Exhibit C. This information was obtained from federal, state, and county lease records.
7. 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 D.
8. Applicant has complied with the notice provisions of Division Rules.

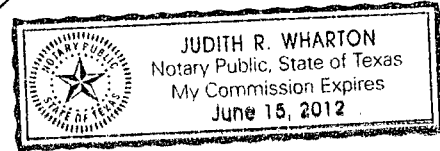
Oil Conservation Division
Case No. 21
Exhibit No. 21

Dwain Blakley
Dwain Blakley

SUBSCRIBED AND SWORN TO before me this 17th day of December, 2008 by
Dwain Blakley.

My Commission Expires: 6-15-2012


Notary Public



Notice List "A"
West Loco Hills Unit Area
Operators of Wells Within the C-108 Notice Area

EOG Resources, Inc.
Box 2267
Midland, Texas 79702

Mewbourne Oil Company
Box 7698
Tyler, Texas 75711

Thunderbolt Petroleum, LLC
Box 10523
Midland, Texas 79702

Yates Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210

Oxy USA WTP Ltd. Partnership
Box 4294
Houston, Texas 77210-4294

Notice List "B"
West Loco Hills Unit Area
Offset Leasehold Owners Within the C-108 Notice Area

NW/4 Section 13, T-18S, R-29E, NMPM
Federal Lease No. NM-0437523

Harvey E. Yates Company
P.O. Box 1933
Roswell, New Mexico 88202

Terence P. Perkins
7501 Lynwood NW
Albuquerque, New Mexico 87120

Florence M. Dooley
Box G
Artesia, New Mexico 88210

Wm. P. Dooley Estate
Drawer G
Artesia, New Mexico 88210

Cibola Energy Corp.
Box 1668
Albuquerque, New Mexico 87103

Yates Energy Corporation
P.O. Box 2323
Roswell, New Mexico 88202

Jalapeno Corporation
P.O. Box 1608
Albuquerque, New Mexico 87103

Sharbro Oil Ltd. Co.
P.O. Box 840
Artesia, New Mexico 88211

Yates Petroleum Corporation
Sacramento Partners Ltd. Partnership
John A. Yates
ABO Petroleum Corporation
Yates Drilling Company
105 South Fourth Street
Artesia, New Mexico 88210

EXHIBIT

C

Notice List "B"
West Loco Hills Unit Area
Offset Leasehold Owners Within the C-108 Notice Area

NW/4 Section 14, T-18S, R-29E, NMPM
Federal Lease No. LC-055696

Harvey E. Yates Company
Box 1933
Roswell, New Mexico 88201

Cibola Energy Corporation
Box 1668
Albuquerque, New Mexico 87103

Yates Energy Corporation
P.O. Box 2323
Roswell, New Mexico 88202

Sharbro Oil Ltd.
P.O. Box 840
Artesia, New Mexico 88211

Rio Pecos Corporation
110 W. Louisiana, Suite 210
Midland, Texas 79701

Pathfinder Exploration Company
4306 Crestgate
Midland, Texas 79707

Cannon Exploration Company
3608 S. County Road, # 1184
Midland, Texas 79701

Hollyhock Corporation
3907 Crestgate
Midland, Texas 79707

Yates Petroleum Corporation
Sacramento Partners Ltd. Partnership
John A. Yates
Myco Industries, Inc.
ABO Petroleum Corporation
Yates Drilling Corporation
105 S. Fourth Street
Artesia, New Mexico 88210

Notice List "B"
West Loco Hills Unit Area
Offset Leasehold Owners Within the C-108 Notice Area

S/2 NE/4 Section 14, T-18S R-29E, NMPM
State Lease No. B-6058-29

Lobos Energy Partners, LLC
3817 NW Expressway, Suite 950
Oklahoma City, Oklahoma 73112

Myco Industries, Inc.
105 South Fourth Street
Artesia, New Mexico 88210

NE/4 NE/4 Section 14, T-18S, R-29E, NMPM
State Lease No. B-6631-41

Lobos Energy Partners, LLC
3817 NW Expressway, Suite 950
Oklahoma City, Oklahoma 73112

Myco Industries, Inc.
105 South Fourth Street
Artesia, New Mexico 88210



October 23, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons listed on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application to expand the waterflood project for the West Loco Hills Grayburg No. 4 Sand Unit, filed with the New Mexico Oil Conservation Division by Enervest Operating LLC.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 13, 2008, 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 this matter at a later date.

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, November 6, 2008. This statement must be filed with the Division's Santa Fe office at the above address, and with the attorney for Enervest Operating LLC, 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.

Sincerely,

R. Dwain Blakley
Sr. Landman
dblakley@enervest.net
EnerVest, Ltd.
1001 Fannin St., Suite 800
Houston, Texas 77002-6707

EXHIBIT 

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X Carol Wilson ☐ Addressee
 B. Received by (Printed Name) **Carol Wilson** C. Date of Delivery **10/30/08**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

Cannon Exploration Company
 3608 S County Road #1184
 Midland, TX 79701

2. Article Number **7008 1300 0000 4236 7814**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mewbourne Oil Company
 PO Box 7698
 Tyler, TX 75711

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X Henry Granville ☐ Addressee
 B. Received by (Printed Name) **HENRY GRANVILLE** C. Date of Delivery **11-3-08**
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7008 1300 0000 4236 7685**

PS Form 3811, February 2004

Domestic Return Receipt

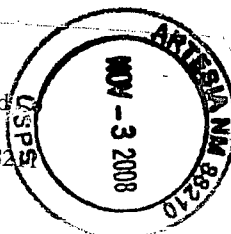
102595-02-M-1540

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:

Sharbro Oil Ltd
 PO BOX 840
 Artesia, NM 88220



COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) **7008 1300 0000 4236 7852**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

Jalapeno Corporation
PO BOX 1608
Albuquerque, NM 87103

2. Article Number

(Transfer from service)

7008 1300 0000 4236 7869

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

10/31/08

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Oxy USA W&P Ltd Partnership
PO BOX 4294
Houston, TX 77210-4294

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7883

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

OCT 31 2008

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Yates Petroleum Corp
Sacramento Partners Ltd. Partnership
John A Yates
ABO Petroleum Corporation
Yates Drilling Company
Myco Industries
105 South Fourth Street
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7821

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SECTION 1

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:

Thunderbolt Petroleum LLC
PO BOX 10523
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Martha Bremm* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
10-30-08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7008 1300 0000 4236 7692

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION 1

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:

Cibola Energy Corp
BOX 1668
Albuquerque, NM 87103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jun Barrach* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Jun Barrach 10/31/08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7008 1300 0000 4236 7753

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION 1

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:

Yates Energy Corp
PO BOX 2323
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Cynthia Sandfer* ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Cynthia Sandfer 10-31-08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7008 1300 0000 4236 7746

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

Lobos Energy
3817 NW Expressway
Suite 950
Oklahoma City, OK 73112

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Olsen Date of Delivery 8/13/88
- 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 7008 1300 0000 4236 8538

(Transfer from service label)

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Domestic Return Receipt

102595-02-M-1540



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Status: **Delivered**

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may be available

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| Postage \$ | | <i>Duain</i> <i>B</i> | Postmark •Here |
| Certified Fee | 10/28 | | |
| Return Receipt Fee (Endorsement Required) | | | |
| Restricted Delivery Fee (Endorsement Required) | | | |
| Total | | | |

Sent To: Harvey E. Yates Company
Street, or PO E: PO BOX 1933
City, St: Roswell, New Mexico 88202

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Search Results

Label/Receipt Number: 7008 1300 0000 4236 8491
Status: **Delivered**

Your item was delivered at 4:26 pm on December 11, 2008 in ARTESIA,
through your local

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|---|----------|
| Postage | \$ |
| Certified Fee | 10/28/08 |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

*Dwain
Blakely.*

Postmark
Here

Sent To **Florence M. Dooley**
 Street, Apt. No.,
 or PO Box No. **1000 South 2nd Street**
 City, State, ZIP+4 **Artesia, NM 88210**
 PS Form 3800, August 2006 See Reverse for Instructions

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Label/Receipt Number: **7008 1300 0000 4236 7807**
Status: **Delivered**

Your item was delivered at 12:36 pm on November 26, 2008 in available

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| Postage | \$ | |
| Certified Fee | | 10/28 |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

Dylan B
Postmark
Here

Total F

Sent To
Holluhock Corporation
Street, /
or PO B 3907 Crestgate
City, St Midland, TX 79707

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Label/Receipt Number: 7008 1300 0000 4236 7845
Status: **Delivered**

Your item was delivered at 1:31 pm on November 29, 2008 in

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|---|-------|
| Postage | \$ |
| Certified Fee | 10/28 |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Total Post:

Sent To: Pathfinder Exploration Company
4306 Crestgate
Midland, TX 79707
Street, Apt. No. or PO Box No.
City, State, Zip

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DIA



1244 4th Street
Washington, DC 20540



1244 4th Street
Washington, DC 20540


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Label/Receipt Number: 7008 1300 0000 4236 7715
 Status: **Delivered**

Your item was delivered at 12:15 pm on November 01, 2008 in
 ALBUQUERQUE,
 through your local

Additional informa

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Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total Post

Postmark
 Here

Sent To Terance P Perkins
 7501 Lynwood NW
 Street, Apt. A or PO Box No Albuquerque, New Mexico 87120
 City, State, Zi

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Label/Receipt Number: 7008 1300 0000 4236 7678
Status: **Delivered**

Your item was delivered at 12:14 pm on November 06, 2008 in available

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7008 1300 0000 4236 7678

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|--|--------------------|
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| Postage \$ | |
| Certified Fee | 10/108 |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| To | |
| From | Wm P Dooley Estate |
| Street or PO | Drawer G |
| City, State | Artesia, NM 88210 |
| PS Form 3800, August 2006 | |
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Label/Receipt Number: **7008 1300 0000 4236 7838**
Status: **Delivered**

Your item was delivered at 1:06 pm on November 08, 2008 in
[Location] available.

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| | | | |
|---|-------|--------------------------|------------------|
| Postage | \$ | <i>Duane</i> <i>B</i> | Postmark Here |
| Certified Fee | 10/78 | | |
| Return Receipt Fee (Endorsement Required) | | | |
| Restricted Delivery Fee (Endorsement Required) | | | |
| Total | | | |

Sent to

Street,
or PO Box
City, St.
Rio Pecos Corporation
110 W Louisiana Suite 210
Midland, TX 79701

PS Form 3800, August 2006

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[FAQs](#)

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Label/Receipt Number: 7008 1300 0000 4236 7708
Status: **Delivered**

Your item was delivered at 7:01 am on October 30, 2008 in MIDLAND,

your local

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Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total

Sent 1

Street,
or PO

City, S.

EOG Resources Inc
PO BOX 2267
Midland, TX 79702

PS Form 3800, August 2006

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Travel & Transportation Group

7008 1300 0000 4236 7708
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**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATION OF ENERVEST OPERATING LLC
TO AMEND THE UNIT AGREEMENT AND THE
UNIT OPERATING AGREEMENT FOR THE
WEST LOCO HILLS GRAYBURG NO. 4 SAND
UNIT, AND FOR STATUTORY UNITIZATION,
EDDY COUNTY, NEW MEXICO.**

Case No. 14,242

AFFIDAVIT OF NOTICE

COUNTY OF HARRIS)
) ss.
STATE OF TEXAS)

Dwain Blakley, 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 a landman for Enervest Operating LLC
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. Attached as Exhibit A is a listing of working interest owners in the unit area. Notice of the application was provided to the working interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit B.
5. Attached as Exhibit C is a listing of royalty interest owners in the unit area. Notice of the application was provided to the royalty interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit D.
6. Applicant has complied with the notice provisions of Division Rules.

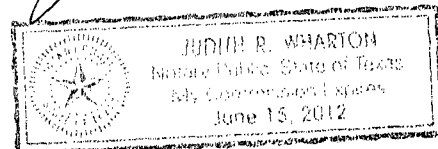
Dwain Blakley
Dwain Blakley

SUBSCRIBED AND SWORN TO before me this 17th day of December, 2008 by Dwain Blakley.

My Commission Expires: 6-15-2012

Judith R. Wharton
Notary Public

Oil Conservation Division
Case No. 20
Exhibit No. 20



Agreement to comply with all of its financial obligations provided herein shall be a material default.

Article 23
SUCCESSORS AND ASSIGNS

23.1 Successors and Assigns. The provisions hereof shall be covenants running with lands, leases, and interests covered hereby, and shall be binding upon and inure to the benefit of the respective heirs, devisees, legal representatives, successors, and assigns of the parties hereto.

IN WITNESS WHEREOF, The parties hereto have executed this agreement on the dates opposite their respective signatures.

UNIT OPERATOR:

ENERVEST OPERATING LLC

By: _____

Name: _____

Title: _____

[Signature]
Stephen McDaniel
VP

WORKING INTEREST OWNERS:

AUVENSHINE'S CHILDREN'S TESTAMENTARY
TRUST

By: _____

CATHIE CONE McCOWN, TRUSTEE

By: _____

RANDY LEE CONE

By: _____

KENNETH G. CONE

By: _____

SHANNON EMMONS

By: _____
FLORENCE MARTHA DOOLEY ESTATE

I & L DEVELOPMENT CO.

By: _____
Name: _____
Title: _____

KATHLEEN CONE TRUST FBO T. CONE CHILDREN
TRUST, BANK OF AMERICA, N.A., TRUSTEE

By: _____
Name: _____
Title: _____

KATHLEEN CONE TRUST FBO K. CONE CHILDREN
TRUST

By: _____
KENNETH G. CONE, TRUSTEE

By: _____
THOMAS W. LETT

By:  _____
GRETCHEN NEARBURG

SAM LETT TESTAMENTARY TRUST

By: _____
Name: _____
Title: _____

THOMPSON PETROLEUM CORPORATION

By: James Cleo Thompson Jr
Name: James Cleo Thompson, Jr.
Title: President

ENERVEST ENERGY INSTITUTIONAL FUND X1-A,
L.P.

By: Step A - Daniel
Name: Stephen McDaniel
Title: Sr. VP & GM - Western Division

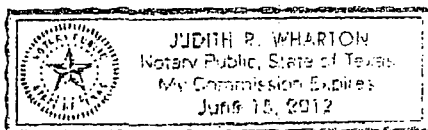
ENERVEST ENERGY INSTITUTIONAL FUND X1-WI,
L.P.

By: Step A - Daniel
Name: Stephen McDaniel
Title: Sr. VP & GM - Western Division

STATE OF Texas
COUNTY OF Harris

§
§

This instrument was acknowledged before me this 9th day of October, 2008, by Stephen A. McDaniel, the Sr. VP & GM of ENERVEST Management GP, L.P. a Texas corporation, on behalf of said corporation.

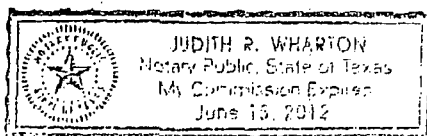


Judith R. Wharton
Notary Public for the
State of Texas

STATE OF Texas
COUNTY OF Harris

§
§

This instrument was acknowledged before me this 9th day of October, 2008, by Stephen A. McDaniel, the Sr. VP & GM of ENERVEST Management GP, L.P. a Texas corporation, on behalf of said corporation.



Judith R. Wharton
Notary Public for the
State of Texas



November 23, 2008

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: All interest owners in the West Loco Hills Grayburg No. 4 Sand Unit

Ladies and gentlemen:

Enclosed is a copy of an application for amendment of the Unit Agreement and the Unit Operating Agreement for the West Loco Hills Grayburg No. 4 Sand Unit, and for statutory unitization, filed with the New Mexico Oil Conservation Division by Enervest Operating LLC.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, November 13, 2008, 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 this matter at a later date.

A party appearing in a Division case is required by Division Rule 1208.B to file a Pre-Hearing Statement no later than Thursday, November 6, 2008. This statement must be filed with the Division's Santa Fe office at the above address, and with the attorney for Enervest Operating LLC, 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.

Sincerely,

EXHIBIT B

R. Dwain Blakley
Sr. Landman
dblakley@enervest.net
EnerVest, Ltd.
1001 Fannin St., Suite 800
Houston, Texas 77002-6707

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:

Kathleen Cone Trust fbo T. Cone Children Bank of Oklahoma, N.A., Trustee
P.O. Box 1588
Tulsa, OK 74101-1588

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7623

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

COMPLETE THIS SECTION

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

1. Article Addressed to:

Thomas W. Lett
3500 Oak Lawn, Ste 720
Dallas, TX 75219

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7630

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

Thompson Petroleum Corporation
325 North St. Paul, Suite 4300
Dallas, TX 75201-3993

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7661

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 1300 0000 4236 7623

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| | | |
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| Postage | \$ | |
| Certified Fee | | 10/24 |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |

 Duwain
 B.
Postmark
Here
 Sent To: Kathleen Cone Trust fbo T. Cone Children
 Bank of Oklahoma, N.A., Trustee
 P.O. Box 1588
 Tulsa, OK 74101-1588

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

| | |
|--------------------------------|------------------------------------|
| Printed Name | <input type="checkbox"/> Agent |
| | <input type="checkbox"/> Addressee |
| C. Date of Delivery | |
| Address different from item 1? | <input type="checkbox"/> Yes |
| Delivery address below: | <input type="checkbox"/> No |

| | |
|-----------------------|--|
| Mail | <input type="checkbox"/> Express Mail |
| | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| Mail | <input type="checkbox"/> C.O.D. |
| Delivery? (Extra Fee) | <input type="checkbox"/> Yes |

4236 7623 111

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 1300 0000 4236 7630

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| | | |
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| Postage | \$ | |
| Certified Fee | | 10/24 |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total | | |

 Duwain
 B.
Postmark
Here
 Sent To: Thomas W. Lett
 3500 Oak Lawn, Ste 720
 Dallas, TX 75219

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

| | |
|--------------------------------|---|
| Printed Name | <input checked="" type="checkbox"/> Agent |
| | <input type="checkbox"/> Addressee |
| C. Date of Delivery | 10/27/03 |
| Address different from item 1? | <input type="checkbox"/> Yes |
| Delivery address below: | <input type="checkbox"/> No |

| | |
|-----------------------|--|
| Mail | <input type="checkbox"/> Express Mail |
| | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| Mail | <input type="checkbox"/> C.O.D. |
| Delivery? (Extra Fee) | <input type="checkbox"/> Yes |

4236 7630

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 1300 0000 4236 7661

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| | | |
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| Postage | \$ | |
| Certified Fee | | 10/24 |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage | | |

 Duwain
 B.
Postmark
Here
 Sent To: Thompson Petroleum Corporation
 325 North St. Paul, Suite 4300
 Dallas, TX 75201-3993

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

| | |
|--------------------------------|------------------------------------|
| Printed Name | <input type="checkbox"/> Agent |
| | <input type="checkbox"/> Addressee |
| C. Date of Delivery | 10/27/03 |
| Address different from item 1? | <input type="checkbox"/> Yes |
| Delivery address below: | <input type="checkbox"/> No |

| | |
|-----------------------|--|
| Mail | <input type="checkbox"/> Express Mail |
| | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| Mail | <input type="checkbox"/> C.O.D. |
| Delivery? (Extra Fee) | <input type="checkbox"/> Yes |

4236 7661

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Important Reminders: A record of delivery kept by the Postal Service for two years. Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.

SECTION ON DELIVERY

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:

I & L Development Co.
3500 Oak Lawn, Ste 720
Dallas, TX 75219

☒ Agent
☐ Addressee
B. Received by (Printed Name) Thomas Lett C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7616

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete if Restricted Delivery is desired. 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.

Article Addressed to:

Shannon Emmons
17 North Lancaster Lane
Newton, PA 18940

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent
☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 10/27

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete if Restricted Delivery is desired. 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:

Sam Lett Testamentary Trust
3500 Oak Lawn, Ste 720
Dallas, TX 75219

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent
☐ Addressee
B. Received by (Printed Name) Sam Lett C. Date of Delivery 10/27/08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7654

PS Form 3811 February 2004

Domestic Return Receipt

102595-02-M-1540

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Postage \$
Certified Fee 10/24
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Dwain
Postmark Here B.

I & L Development Co.
3500 Oak Lawn, Ste 720
Dallas, TX 75219

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

☐ Agent
☐ Addressee

Printed Name) Left C. Date of Delivery

Address different from item 1? ☐ Yes
Delivery address below: ☐ No

all ☐ Express Mail
☒ Return Receipt for Merchandise
all ☐ C.O.D.
Delivery? (Extra Fee) ☐ Yes

36 7616

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

Postage \$
Certified Fee 10/24
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Dwain
Postmark Here B.

Total

Sent To
Street, or PO E
City, State
Shannon Emmons
17 North Lancaster Lane
Newton, PA 18940

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

☐ Agent
☐ Addressee

Printed Name) [Signature] C. Date of Delivery 10/27

Address different from item 1? ☐ Yes
Delivery address below: ☐ No

all ☐ Express Mail
☒ Return Receipt for Merchandise
all ☐ C.O.D.
Delivery? (Extra Fee) ☐ Yes

36 7593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

Postage \$
Certified Fee 10/24
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Dwain
Postmark Here B.

Total

Sent To
Street, or PO
City, State
Sam Lett Testamentary Trust
3500 Oak Lawn, Ste 720
Dallas, TX 75219

PS Form 3800, August 2006

See Reverse for Instructions

SECTION ON DELIVERY

☐ Agent
☐ Addressee

Printed Name) [Signature] C. Date of Delivery 10/27/08

Address different from item 1? ☐ Yes
Delivery address below: ☐ No

all ☐ Express Mail
☒ Return Receipt for Merchandise
all ☐ C.O.D.
Delivery? (Extra Fee) ☐ Yes

36 7654

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

- 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:

Florence Martha Dooley Estate
1006 South 2nd Street
Artesia, NM 88210

A. Signature

X *[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

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7609

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Important Reminders:
Certified Mail may ONLY be combined with First-Class Mail or Registered Mail.
Certified Mail is not available for any other class of mail.
A record of delivery kept by the Postal Service for two years.

SECTION ON DELIVERY

- 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:

Gretchen Nearburg
1129 Challenger Street
Lakeway, TX 78734

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

10-30-08

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7647

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

Kenneth G. Cone
PO BOX 11310
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

11/6/08

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1300 0000 4236 7586

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7008 1300 0000 4236 7609

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OFFICIAL USE

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| Postage | \$ | |
| Certified Fee | | 10/24 |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total F | | |

Sent To
 Street, A
 or PO Box
 City, State

Florence Martha Dooley Estate
 1006 South 2nd Street
 Artesia, NM 88210

PS Form 3811, February 2004

SECTION ON DELIVERY

☐ Agent
☒ Addressee

Printed Name) C. Date of Delivery

Is different from item 1? ☐ Yes
 Delivery address below: ☐ No

13 2008

Mail ☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

Delivery? (Extra Fee) ☐ Yes

4236 7609

102595-02-M-1540

7008 1300 0000 4236 7647

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OFFICIAL USE

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| Postage | \$ | |
| Certified Fee | | 10/24 |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total | | |

Sent To
 Street, A
 or PO Box
 City, State

Gretchen Nearburg
 1129 Challenger Street
 Lakeway, TX 78734

PS Form 3811, February 2004

SECTION ON DELIVERY

☐ Agent
☒ Addressee

Printed Name) C. Date of Delivery

10-30-08

Is different from item 1? ☐ Yes
 Delivery address below: ☐ No

Mail ☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

Delivery? (Extra Fee) ☐ Yes

1236 7647

102595-02-M-1540

7008 1300 0000 4236 7586

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

OFFICIAL USE

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| Postage | \$ | |
| Certified Fee | | 10/24/08 |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total F | | |

Sent To
 Street, A
 or PO Box
 City, State

Kenneth G. Cone
 PO BOX 11310
 Midland, TX 79702

PS Form 3811, February 2004

SECTION ON DELIVERY

☐ Agent
☒ Addressee

Printed Name) C. Date of Delivery

11/10/08

Is different from item 1? ☐ Yes
 Delivery address below: ☐ No

Mail ☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

Delivery? (Extra Fee) ☐ Yes

00 4236 7586

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

NOV 1 2008

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1300 0000 4236 7574
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 1300 0000 4236 7574
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

Randy Lee Cone
PO BOX 552
Jay, OK 74346

- 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:

Auvenshine's Childrens Testamentary Tr.
Cathie Cone McCowen, Trustee
PO BOX 507
Dripping Spring, TX 78620

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 \$ | 10/24/08 |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Total Post

Sent To
 Randy Lee Cone
 PO BOX 552
 Jay, OK 74346
 Street, Apt. 1 or PO Box A
 City, State, Z

PS Form 3811, February 2004 See Reverse for Instructions

PS Form 3811, February 2004 Domestic Return Receipt

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 \$ | 10/24/08 |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Total

Sent To
 Auvenshine's Childrens Testamentary Tr.
 Cathie Cone McCowen, Trustee
 PO BOX 507
 Dripping Spring, TX 78620
 Street, Apt. 1 or PO
 City, S

PS Form 3811, February 2004 See Reverse for Instructions

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 \$ | 10/24/08 |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Total

Sent To
 Auvenshine's Childrens Testamentary Tr.
 Cathie Cone McCowen, Trustee
 PO BOX 507
 Dripping Spring, TX 78620
 Street, Apt. 1 or PO
 City, S

PS Form 3811, February 2004 See Reverse for Instructions

SECTION ON DELIVERY

Printed Name) Dwain B.
 Address different from item 1? ☐ Yes ☐ No
 Delivery address below:
 NOV 1 2008
 Agent ☐ Addresssee ☐ C. Date of Delivery

Return Receipt for Merchandise
☐ Express Mail
☒ C.O.D.
 Return Receipt for Merchandise
 Extra Fee? ☐ Yes ☐ No

PS Form 3811, February 2004 See Reverse for Instructions

102595-02-M-1540

SECTION ON DELIVERY

Printed Name) Dwain B.
 Address different from item 1? ☐ Yes ☐ No
 Delivery address below:
 Agent ☐ Addresssee ☐ C. Date of Delivery

Return Receipt for Merchandise
☐ Express Mail
☒ C.O.D.
 Return Receipt for Merchandise
 Extra Fee? ☐ Yes ☐ No

PS Form 3811, February 2004 See Reverse for Instructions

102595-02-M-1540

| OWNER NAME ----- | TYPE | RATIFICATION ----- |
|--|------|-----------------------|
| ADDRESSEE UNKNOWN | RI | |
| COMMISSIONER OF PUBLIC LANDS | RI | |
| AL CONE EST & ANNIE H CONE DBA AL CONE PARTNERSHIP | RI | |
| WILLIAM H DWYER III | RI | |
| H & S OIL LLC | RI | |
| LESLIE M HEINSCH | RI | |
| ROBERT STEPHEN HEINSCH | RI | |
| H H HERREN | RI | |
| JENNIFER GRIER HOLMES | RI | |
| JANE R HEINSCH TESTAMENTARY TRUST | RI | |
| MINERALS MGMT SERVICE (D O I) | RI | |
| NMO&G LTD | RI | |
| HELEN W RHETT TRUST DTD 10-15 HELEN W RHETT TRUSTEE | RI | YES |
| STAGNER LLC C/O JOSEPH HANTTULA CPA | RI | |
| ALAMEDA CONTRA COSTA CENTRAL FOR THE BLIND INC | OR | |
| RUTH V ALLARD | OR | YES |
| PATRICIA J ALLEN Tax Id: 309-30-0440 | OR | YES |
| AMERICAN HEART ASSOCIATION CALIFORNIA AFFILIATE | OR | |
| OSCAR A ANDERSON | OR | |
| B & G ROYALTIES A PARTNERSHIP | OR | |
| BALLARD E SPENCER TRUST INC C/O FIRST NATIONAL BANK TRUST | OR | |
| BRETT C BARTON | OR | |

EXHIBIT

C

| | | |
|--|----|-----|
| HEIDI C BARTON | OR | |
| ROY G BARTON III | OR | YES |
| ROY G BARTON SR & OPAL BARTON REV TRST ROY G BARTON JR TRSTE | OR | YES |
| KELLY H BAXTER | OR | |
| CLAUDIA BERRY | OR | |
| CORDELLIA MASTELLER BETZING | OR | |
| GLENN RANDALL BISHOP | OR | |
| JEFFERY RAY BLOOM | OR | YES |
| BOESCHE FAMILY TRUST | OR | |
| EDWINA K BRADY | OR | |
| KATHY GAIL BRAWLEY | OR | |
| JAMES ROBERT BRIGHT | OR | YES |
| JOHN BRIGHT | OR | YES |
| LOTTIE M BROOM | OR | |
| PATRICIA E BUNDRANT | OR | YES |
| SHARON FRANCES BURKHOLDER | OR | |
| JEAN ROGERS BUSH | OR | |
| LAURA CAMERON | OR | |
| JOSEPH R CANFIELD | OR | YES |
| KENNETH L CANFIELD | OR | |
| RUTH ANN CANFIELD | OR | |
| MARY CARRELL | OR | |
| EVA I CERNICH | OR | |
| DAVID ROYCE CHAMBERS | OR | YES |
| CHILDREN'S HOME SOCIETY OF CA | OR | YES |

| | | |
|--|----|-----|
| CLYDE & MARY JO GUY TRUST B | OR | |
| DAVID B CRAWFORD | OR | |
| REBECCA L CRAWFORD | OR | |
| FRANCES J DAY C/O MARY CARRELL | OR | |
| SUE LAFETT DAY | OR | YES |
| MARSHA DOLINSKY | OR | YES |
| EASTER SEAL SOCIETY FOR CRIPP CHILDREN AND ADULTS OF CALIFO | OR | |
| ELAINE B FLINT F/B/O ELOISE A GRISWOLD TR DAVID D GRISWOLD | OR | |
| ELYSE SAUNDERS PATTERSON TRUS FARMERS NATIONAL CO AGENT #61 OIL & GAS DIVISION | OR | YES |
| DONALD MCATEE ESTATE C/O RAE GALLEY | OR | YES |
| LAVERNE SHORT ESTATE | OR | |
| FIRST ROSWELL COMPANY | OR | |
| THOMAS W FLYNN C/O CAROLE FLYNN | OR | |
| KATHLEEN FOX | OR | |
| MARTHA I GAITHER | OR | YES |
| GATES PROPERTIES LTD | OR | |
| EUNICE CONE GIBSON REVOCABLE LORI GIBSON BANDUCCI TRUSTEE | OR | |
| SUE SAUNDERS GRAHAM | OR | |
| DAVID DWAIN GRISWOLD | OR | |
| WILLIAM H GRISWOLD | OR | YES |
| J EUSTACE GUEST | OR | |
| CLYDE & MARY JO GUY TRUST A | OR | |

| | | |
|--|----|-----|
| ELIZABETH HASSALL | OR | |
| FRANK EDWARD HAWLEY IN LIFE ESTATE | OR | YES |
| JIM & PEARL HAWLEY FAMILY LIV J C HAWLEY & P M HAWLEY TRUST | OR | YES |
| I & L DEVELOPMENT CO | OR | |
| IMPERIAL OIL COMPANY | OR | YES |
| ROBERT H IVEY SR PERSONAL REPRESENTATIVE | OR | YES |
| J RUTH BUHLER SUCCESSOR TRUST OF THE WILLIAM JACKSON TRUST | OR | YES |
| ELIZABETH JERRIGAN | OR | |
| JOHN R NORWOOD PENSION PLAN ATTN: JOHN R NORWOOD TR | OR | YES |
| JOHN W GATES LLC | OR | |
| JON M MORGAN MONEY PURCHASE P ATTN: JON M MORGAN TR | OR | YES |
| CYRUS H JONES ESTATE EL PASO NATIONAL BANK EXECUTO | OR | |
| DOROTHY K JONES | OR | |
| KATHRYN B JORGENSEN | OR | YES |
| MILTON M KRASNE PERSONAL REPR OF EST OF ELAINE GRAHAM KRASN | OR | YES |
| DESA L LEE-LAIRD | OR | YES |
| THOMAS W LETT | OR | |
| FRANK W LEWIS | OR | |
| LUCAS PROPERTIES LLC | OR | YES |
| JULIA MAY LUTZ | OR | YES |
| AL LYNCH | OR | |
| DAVID A LYNCH | OR | |
| CECILE MANN | OR | |

| | | |
|--|----|-----|
| MARCH OF DIMES BIRTH DEFECTS | OR | |
| MARICO EXPLORATION INC | OR | |
| MARY VALLE FOUNDATION FOR CEREBRAL PALSY | OR | |
| JULIA M MAUK | OR | |
| DENNIS K MCATEE SR | OR | |
| LAVERNE O MCATEE | OR | |
| OPAL WAYNE MCATEE | OR | |
| ROBERT GUY MCATEE | OR | |
| WILBUR E MCATEE | OR | |
| CURTIS MCBROOM | OR | |
| LARRY MCCAWE | OR | |
| WILLIAM JACK MCCAWE | OR | |
| JOHN WILLARD MCDONALD | OR | |
| GLORIA MEFFORD | OR | YES |
| ELIZABETH MENDENHALL | OR | YES |
| MICHEL FAMILY TRUST DATE 1-25 NELL T MICHEL TRUSTEE | OR | |
| ANNICE L MILLER | OR | |
| GLEN DAVID MILLER | OR | YES |
| JACK M MILLER | OR | |
| LORETTA J MOORE | OR | |
| JON MURCHISON | OR | YES |
| BERT H MURPHY | OR | |
| LINDA NEIDERT | OR | YES |
| ROBERT E OLDER | OR | |
| VIRGINIA C OLDER | OR | |

| | | |
|--|----|-----|
| PANSAM TRUST | OR | YES |
| ANNETTE KIRK PASCO | OR | |
| NORMA T PULLIAM TRUSTEE TRUST #1 U/W/O LAWRENCE TRUIT | OR | YES |
| RALSTON LIVING TRUST WALTER ROY RALSTON TRUSTEE | OR | |
| MARY RAINE RANDALL | OR | |
| PHILLIPS FAMILY REVOCABLE TRUST R D & J L PHILLIPS TRUSTEES | OR | YES |
| JOHN W REYNOLDS | OR | |
| KAY J REYNOLDS ESTATE MARGIE L REYNOLDS EXECUTOR | OR | YES |
| HELEN W RHETT TRUST DTD 10-15 HELEN W RHETT TRUSTEE | OR | YES |
| CYNTHIA RHINES | OR | YES |
| ALBERT Q & GERALDYN J ROGERS | OR | |
| BESS ROGERS | OR | |
| BRYON EUGENE ROGERS | OR | |
| HELEN L ROGERS | OR | |
| JACK ROGERS JR | OR | |
| LORAIN M ROGERS | OR | |
| ROBERT L ROGERS | OR | |
| THELMA ROGERS | OR | |
| LOUIS F ROSAS | OR | YES |
| RUBY BELL CROSBY FAMILY LP #1 | OR | |
| SACRAMENTO PARTNERS LP | OR | |
| SAM LETT TESTAMENTARY TRUST | OR | |
| EVELYN DEE SANDERSON | OR | YES |
| SHARON SCHROEDER | OR | YES |

| | | |
|---|----|-----|
| JOHN P SEARLS | OR | |
| SEARLS-COLLIER LTD A TEXAS LIMITED PARTNERSHIP | OR | YES |
| JEAN SEYBERT | OR | YES |
| CLARENCE C SMITH JR | OR | |
| SPINDLETOP EXPLORATION CO INC | OR | YES |
| SPIRAL INC | OR | |
| SPURCK FAMILY TRUST DTD 12-16 B H CHILDS & D C STEAD CO-TRU | OR | |
| ROY E STEIN | OR | |
| KATHRYN A SMITH STEPHENS | OR | |
| MARY EDITH SWAFFORD | OR | |
| JACK WELLINGTON TAYLOR | OR | |
| PAUL TRETHEWAY TAYLOR | OR | |
| THE TOLES CO A LIMITED PARTNERSHIP | OR | YES |
| TRAVCO A MISSOURI PARTNERSHIP C/O GENE T IRVIN | OR | |
| GLADYS M TRAVIS TRUSTEE U/W/O H BROOKS TRAVIS | OR | |
| SHANNAN LYNN YATES UNSER | OR | |
| KATHERINE L WENIG | OR | |
| SHIRLEY D MALELLA WILBUR | OR | |
| WILLIAMS TR FBO MMP C/O TR DEPARTMENT AMERICAN STATE BANK | OR | YES |
| CORDELIA WILLIAMSON | OR | |
| WILLS ROYALTY INC | OR | |
| MAVIS L & HELEN L WISEMAN | OR | |
| AUSTIN WRIGHT | OR | YES |

| | | |
|---|----|--------|
| YATES BROTHERS | OR | |
| COLLEEN MICHELLE YATES | OR | |
| YATES DRILLING COMPANY | OR | |
| JAMES H YATES & NANCY B YATES REVOCABLE TRUST DATED MAY 22 | OR | YES |
| KELLY S YATES LONGLEY | OR | |
| YATES PETROLEUM CORPORATION | OR | |
| PEYTON YATES | OR | |
| RICHARD YATES | OR | |
| AUVENSHINE CHILDREN'S TEST TR CATHIE MCCOWN TTEE | WI | |
| KENNETH G CONE KATHERINE SHAPIRA AIF | WI | |
| FLORENCE MARTHA DOOLEY ESTATE | WI | |
| GRETCHEN NEARBURG | WI | YES |
| I & L DEVELOPMENT CO | WI | BOUGHT |
| KATHLEEN CONE TRUST FBO K CON | WI | |
| KATHLEEN CONE TRUST FBO T CON | WI | |
| THOMAS W LETT | WI | BOUGHT |
| RANDY LEE CONE PO BOX 552 JAY, OK 74346 | WI | YES |
| SAM LETT TESTAMENTARY TRUST | WI | BOUGHT |
| SHANNON EMMONS | WI | |
| THOMPSON PETROLEUM CORPORATIO | WI | YES |



November 23, 2008

SECOND REQUEST

RE: West Loco Hills Grayburg #4 Sand Unit
Eddy County, New Mexico
Ratification

EXHIBIT **D**

Dear Royalty Owner:

EnerVest Operating LLC is the new operator of this unit that was put together in the early 1960's. It is our intention to do a new water flood project on this old unit to increase production and revenue for the interest owners. **The enclosed Amended Unit Agreement does not change your participation in the unit or your revenue interest in the proceeds, if you or a predecessor ratified the current unit. Currently we have the hearing on this matter and a new Operating Agreement set for December 18, 2008, at 8:15 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 may if you wish. If you wish to become a party of record and present testimony, you should attend or be precluded from contesting the matter at a later date.

The purpose of going to the new State of New Mexico unit form is to have a modern instrument that reflects current operating conditions and realities. Some of the requirements of the old form no longer make sense and would hinder us in creating value for the interest owners. This state form is accepted by the BLM (federal) and is designed specifically for units containing federal, state and fee lands as this one does. To go forward with the project and hopefully increase everyone's revenue, we need the participants to ratify the amended unit form.

Please review the enclosed Amended Unit Agreement and if you approve please sign four of the enclosed ratifications, have them notarized and return them to me in the enclosed envelope. As soon as we can get the required percentage of ratifications back, we can apply for permission to start the enhanced recovery project.

If you have any questions, please call me at 713-495-1529.

Sincerely,

R. Dwain Blakley
Sr. Landman
dblakley@enervest.net
EnerVest, Ltd.
1001 Fannin St., Suite 800
Houston, Texas 77002-6707

PS
piece postal Service for two years
with First-Class
use of inter
VDP

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ X *Melissa Stewart*

B. Received by (Printed Name)
MELISSA STEWART

C. Date of Delivery
2/14/04

D. Is delivery address different from item 1? ☐ Yes
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

Article Number
7008 1300 0000 4236 7982
Domestic Return Receipt
PS Form 3811, February 2004
10255-02-M-1540

PS
piece postal Service for two years
with First-Class
use of inter
VDP

COMPLETE THIS SECTION ON DELIVERY

A. Signature
James H Yates

B. Received by (Printed Name)
JAMES H YATES

C. Date of Delivery
2/14/04

D. Is delivery address different from item 1? ☐ Yes
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

Article Number
7008 1300 0000 4236 8002
Domestic Return Receipt
PS Form 3811, February 2004
10255-02-M-1540

PS
piece postal Service for two years
with First-Class
use of inter
VDP

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Melissa Stewart

B. Received by (Printed Name)
MELISSA STEWART

C. Date of Delivery
2/14/04

D. Is delivery address different from item 1? ☐ Yes
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

Article Number
7008 1300 0000 4236 8088
Domestic Return Receipt
PS Form 3811, February 2004
10255-02-M-1540

PS
piece postal Service for two years
with First-Class
use of inter
VDP

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Melissa Stewart

B. Received by (Printed Name)
MELISSA STEWART

C. Date of Delivery
2/14/04

D. Is delivery address different from item 1? ☐ Yes
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

Article Number
7008 1300 0000 4236 8088
Domestic Return Receipt
PS Form 3811, February 2004
10255-02-M-1540

| | | | |
|--|--|--|--|
| ai Service™ ED MAIL™ RECEIPT | | SECTION ON DELIVERY | |
| For Only No Insurance Coverage (Priority) For information visit our website at www.usps.com | | Agent's Name <u>Stewart</u> Return Address <u>Stewart</u> G. Date of Delivery <u>1/10/08</u> | |
| ZIP+4® <u>07030-4000</u> PSN <u>000</u> ZIP <u>07030</u> | | ELSE <u>STEWART</u> Is addt'l from item 17 <input type="checkbox"/> Yes <input type="checkbox"/> No Is return address below: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stage <u>1</u> d Fee <u>0.00</u> 1 Fee <u>0.00</u> used <u>0.00</u> 7 Fee <u>0.00</u> (used) <u>0.00</u> | | # <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. Net (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Postmark Here <u>01/10/08</u> | | # <u>1236 7982</u> | |
| to <u>Yates</u> <u>South 4th Street</u> <u>ia, NM 88210</u> | | Domestic Return Receipt January 2004 102955-02-M-15-00 | |

| | | | |
|--|--|-------------------------|---|
| U.S. Postal Service REGISTERED MAIL™ RECEIPT (Domestic Mail Only, No Insurance Coverage Provided) | For delivery information visit our website at www.usps.com | | PS Form 3811, February 2004 |
| | SPECIAL DELIVERY | | Domestic Return Receipt |
| Package \$ | Certified Fee | Return Receipt Fee | James H Yates & Nancy B Yates Trustee 2843 Seccomb Street Fort Collins, CO 80526 |
| Endorsement (Required) | Restricted Delivery Fee | Restricted Delivery Fee | |
| Endorsement (Required) | Endorsement (Required) | Endorsement (Required) | |
| Total Postage & Fees | Total Postage & Fees | Total Postage & Fees | |

| | | | |
|--|---|-------------------------|---|
| U.S. Postal Service™ | | CERTIFIED MAIL® RECEIPT | |
| (Domestic mail only. No insurance coverage provided) | | | |
| For delivery information visit our website at www.usps.com | | | |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
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| 4 | 5 | 6 | 7 |
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| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
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| 4 | 5 | 6 | 7 |
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| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
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| 8 | 9 | 0 | 1 |
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| 8 | 9 | 0 | 1 |
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| 6 | 7 | 8 | 9 |
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| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
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| 6 | 7 | 8 | 9 |
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| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 |
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| | | | |
|--|--|---|--|
| Service™ MAIL™ RECEIPT With No Insurance Coverage Provided! | | Section on Delivery Agent <input checked="" type="checkbox"/> Adult Addressee <input checked="" type="checkbox"/> <i>John</i> | |
| Please visit our website at www.usps.com . ZIP CODE 02155 CITY NEWTON STATE MA | | Date of Delivery 12/18/08 Printed Name John N S Is this different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No delivery address below: <input type="checkbox"/> No | |
| DB | | Express Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Registered Mail C.O.D. <input checked="" type="checkbox"/> Insured® (Extra Fee) <input type="checkbox"/> Yes | |
| Postmark Here | | Mail <input type="checkbox"/> Bill <input type="checkbox"/> C.O.D. | |
| Kathryn A Smith Stephens RR, 1 Box 225 Mendon, MP 64660 | | 337 1163 | |

| | | | |
|---|--------------------------------|---|---|
| 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 PS Form 3811, February 2007 | |
| Postage Certified Fee Return Receipt Fee Endorsement Fee (Required) Reproduction Fee Signature Fee (Signature Required) | 1211 DB Postmark Here | Tracking Number 9505 3811 1211 1216 87 | Recipient's Address Spurck Family Trust DTD 12-16-87 B H Childs & D C Stead Co- Trustees 22712 Erwin Street Woodland Hills, CA 91367 |
| Registered Mail (Signature Required) Signature of Addressee (Required) Signature of Agent (Required) Signature of Post Office (Required) | | Return Receipt for Merchandise <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

COMPLETE THIS SECTION ON DELIVERY

1. Signature XX Katherine A. Stephens

2. Agent ☐ Agent ☒ Addressee

3. Received by (Printed Name) KATHY STEPHENS C. Date of Delivery 12/18/88

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

5. If YES, enter delivery address below:

6. Service Type
☐ Certified Mail
☒ Registered
☐ Insured Mail
☐ C.O.D.

7. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

8. Also complete delivery, is desired, please present the address label with postage and a postmark on your Certified Mail receipt for posting.

9. If YES, enter delivery address below:

10. Domestic Return Receipt

11. 70008 1300 0000 4237 1163

Priority Mail. For
 Provide proof of
 loss. A return
 label for the
 receipt is
 provided on the
 back of the
 receipt.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Melissa Stewart
☒ Certified Mail ☐ Addressed
☐ Registered Mail ☐ Return Receipt for Merchandise

B. Received by Melissa Stewart
☐ Signature ☐ Initials

C. Reason for Delivery
☐ No Change ☐ Change of Address ☐ Change of Delivery Location

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

For your mailpiece to be accepted by the Postal Service, it must be properly addressed and labeled. For more information, visit usps.com.

1. To: Street 10

2. Also complete delivery instructions on the reverse side of the card to you.
 a. back of the mailpiece, b. permits.

7008 J300 0000 4L30
Domestic Return Receipt
y 2004
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage \$ 11.00
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Printed Name Sam Lett Testamentary Trust
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

Postmark Here

Sam Lett Testamentary Trust
 3500 Oak Lawn Ste 720
 Dallas, Texas 75219

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

☒ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
☐ Yes ☒ No

Printed Name Sam Lett
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

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Postage \$ 12.10
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Printed Name Spiral Inc
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

Postmark Here

Spiral Inc
 PO BOX 1933
 Roswell, NM 88202-1933

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

☒ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
☐ Yes ☒ No

Printed Name Spiral Inc
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

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Postage \$ 12.10
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Printed Name Ruby Bell Crosby Family LP 1
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

Postmark Here

Ruby Bell Crosby Family LP 1
 1331 3rd Street
 New Orleans, LA 70130

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

☒ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
☐ Yes ☒ No

Printed Name Ruby Bell Crosby
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

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Postage \$ 12.10
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Printed Name John P Searls
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

Postmark Here

John P Searls
 PO BOX 4023
 Odessa, Texas 79760

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

☒ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
☐ Yes ☒ No

Printed Name John P Searls
 C. Date of Delivery DEC 3 2004
 See different from item 1? ☐ Yes ☒ No
 delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION 1
Also complete this section on delivery.

A. Signature John P. Searls
☒ Agent
☐ Addressee

B. Received by (Printed Name) John P. Searls
 C. Date of Delivery 3/20/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt
 7008 1300 0000 4236 7890
 10255-02-M-1540

PS Form 3811, February 2004

John P Searls
 PO BOX 4023
 Odessa, Texas 79760

SECTION 2
Also complete this section on delivery.

A. Signature John P. Searls
☒ Agent
☐ Addressee

B. Received by (Printed Name) John P. Searls
 C. Date of Delivery 3/20/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt
 7008 1300 0000 4237 1194
 10255-02-M-1540

PS Form 3811, February 2004

John P Searls
 PO BOX 4023
 Odessa, Texas 79760

SECTION 1
Also complete this section on delivery.

A. Signature John P. Searls
☒ Agent
☐ Addressee

B. Received by (Printed Name) John P. Searls
 C. Date of Delivery 3/20/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt
 7008 1300 0000 4236 8316
 10255-02-M-1540

PS Form 3811, February 2004

Ruby Bell Crosby Family LP I
 1331 3rd Street
 New Orleans, LA 70130

SECTION 2
Also complete this section on delivery.

A. Signature John P. Searls
☒ Agent
☐ Addressee

B. Received by (Printed Name) John P. Searls
 C. Date of Delivery 3/20/04

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt
 7008 1300 0000 4236 8019
 10255-02-M-1540

PS Form 3811, February 2004

John P Searls
 PO BOX 4023
 Odessa, Texas 79760

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SECTION ON DELIVERY
Printed Name: Rogers Agent ☐
Address: Rogers Address ☐
C. Date of Delivery: 12-8-08 ☐
was different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11
Certified Fee: DB
Return Receipt Fee (Endorsement Required): DB
Registered Delivery Fee (Endorsement Required): DB

Total: \$ 12.11
Sent to: Q Geraldyn J Rogers
12 Douglas ST
St. 4
City, State: Albuquerque, NM 88210

PS Form 3811, August 2004
10255-02-M-1540
January 2004 Domestic Return Receipt

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SECTION ON DELIVERY
Printed Name: Thelma Rogers Agent ☐
Address: PO BOX 633 Address ☐
C. Date of Delivery: 12-8-08 ☐
was different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11
Certified Fee: DB
Return Receipt Fee (Endorsement Required): DB
Registered Delivery Fee (Endorsement Required): DB

Total: \$ 12.11
Sent to: Thelma Rogers
PO BOX 633
City, State: Albuquerque, NM 88211

PS Form 3811, August 2004
10255-02-M-1540
January 2004 Domestic Return Receipt

**U.S. Postal Service™
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SECTION ON DELIVERY
Printed Name: Rogers Agent ☐
Address: Rogers Address ☐
C. Date of Delivery: 12-8-08 ☐
was different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11
Certified Fee: DB
Return Receipt Fee (Endorsement Required): DB
Registered Delivery Fee (Endorsement Required): DB

Total: \$ 12.11
Sent to: Mary Raine Randall
12 Douglas ST
St. 4
City, State: Albuquerque, NM 88210

PS Form 3811, August 2004
10255-02-M-1540
January 2004 Domestic Return Receipt

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SECTION ON DELIVERY
Printed Name: Rogers Agent ☐
Address: Rogers Address ☐
C. Date of Delivery: 12-8-08 ☐
was different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Postage: \$ 12.11
Certified Fee: DB
Return Receipt Fee (Endorsement Required): DB
Registered Delivery Fee (Endorsement Required): DB

Total: \$ 12.11
Sent to: Jack Rogers Jr
8801 Hilton NE
City, State: Albuquerque, NM 87111

PS Form 3811, August 2004
10255-02-M-1540
January 2004 Domestic Return Receipt

LET THIS SECTION

1, 2, and 3. Also complete and delivery is on the reverse and address on the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

to:

aldyn J Rogers

88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jack Rogers Jr
 B. Received by (Printed Name) Jack Rogers Jr
 C. Date of Delivery 12-8-08
 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.
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Restricted Delivery? (Extra Fee) ☐ Yes

7006 1300 0000 4236 8279

102595-02-M-1540

Domestic Return Receipt

January 2004

THIS SECTION

1. Article Addressed to:
 Rogers
 633
 NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jack Rogers Jr
 B. Received by (Printed Name) Jack Rogers Jr
 C. Date of Delivery 12-8-08
 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.
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Restricted Delivery? (Extra Fee) ☐ Yes

7006 1300 0000 4236 8309

102595-02-M-1540

Domestic Return Receipt

January 2004

LET THIS SECTION

1, 2, and 3. Also complete and delivery is on the reverse and address on the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

to:

Mary Raine Randall

12 Douglas ST

Homosassa, FL 34446

COMPLETE THIS SECTION ON DELIVERY

A. Signature Mary Raine Randall
 B. Received by (Printed Name) MARY A RANDALL
 C. Date of Delivery 12-8-08
 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.
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Restricted Delivery? (Extra Fee) ☐ Yes

7006 1300 0000 4236 8354

102595-02-M-1540

Domestic Return Receipt

February 2004

THIS SECTION

1. Article Addressed to:
 Jack Rogers Jr
 8801 Hilton NE
 Albuquerque, NM 87111

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jack Rogers Jr
 B. Received by (Printed Name) Jack Rogers Jr
 C. Date of Delivery 12-8-08
 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.
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Restricted Delivery? (Extra Fee) ☐ Yes

7006 1300 0000 4236 8095

102595-02-M-1540

Domestic Return Receipt

February 2004

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OFFICIAL USE

Postage \$ 11.40
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Dwain D. Bailey
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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

SECTION ON DELIVERY

Printed Name EA KATTS
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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

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

OFFICIAL USE

Postage \$ 11.40
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Dwain D. Bailey
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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

SECTION ON DELIVERY

Printed Name EA KATTS
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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

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OFFICIAL USE

Postage \$ 11.40
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Dwain D. Bailey
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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

SECTION ON DELIVERY

Printed Name EA KATTS
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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OFFICIAL USE

Postage \$ 11.40
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00

Postmark Here

Printed Name Dwain D. Bailey
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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

SECTION ON DELIVERY

Printed Name EA KATTS
 Address 200 Hillside Village
Dallas, Texas 75214

City, State, ZIP+4®

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

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

1. Article Addressed to: Jack McCaw 376 NM 88211

2. Article Number 7008 1300 0000 4236 7937

3. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. Article Addressed to: Annice L Miller PO BOX 298 Flat Rock, IL 62427

6. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

7. Restricted Delivery? (Extra Fee) Yes

8. Article Number 7008 1300 0000 4236 8330

9. Domestic Return Receipt

1. Article Addressed to: Curtis McBroom 200 Hillside Village Dallas, Texas 75214

2. Article Number 7008 1300 0000 4236 7975

3. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. Article Addressed to: Annice L Miller PO BOX 298 Flat Rock, IL 62427

6. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

7. Restricted Delivery? (Extra Fee) Yes

8. Article Number 7008 1300 0000 4237 1054

9. Domestic Return Receipt

1. Article Addressed to: Annice L Miller PO BOX 298 Flat Rock, IL 62427

2. Article Number 7008 1300 0000 4237 1054

3. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. Article Addressed to: Annice L Miller PO BOX 298 Flat Rock, IL 62427

6. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

7. Restricted Delivery? (Extra Fee) Yes

8. Article Number 7008 1300 0000 4237 1054

9. Domestic Return Receipt

1. Article Addressed to: Annice L Miller PO BOX 298 Flat Rock, IL 62427

2. Article Number 7008 1300 0000 4237 1054

3. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

5. Article Addressed to: Annice L Miller PO BOX 298 Flat Rock, IL 62427

6. Service Type: Registered Mail, Return Receipt for Merchandise, Insured Mail, C.O.D.

7. Restricted Delivery? (Extra Fee) Yes

8. Article Number 7008 1300 0000 4237 1054

9. Domestic Return Receipt

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

12/11 DB

Postmark Here

an M Mauk
 1 Lee Street
 Inwater WA 98501

SECTION ON DELIVERY
 Printed Name: an M Mauk Agent
 C. Date of Delivery: 12/3/04
 Return Receipt for Merchandise: ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No
 Delivery address below: # C6

☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
 Very? (Extra Fee) ☐ Yes ☐ No

4236 8286

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

12/11 DB

Postmark Here

bur E McAtee
 Sigil Court
 aside, CA 93955

SECTION ON DELIVERY
 Printed Name: bur E McAtee Agent
 C. Date of Delivery: 12/3
 Return Receipt for Merchandise: ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No
 Delivery address below: X

☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
 Very? (Extra Fee) ☐ Yes ☐ No

4236 8286

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

12/11 DB

Postmark Here

Marico Exploration Inc
 405 S 4th
 Artesia, NM 88210

SECTION ON DELIVERY
 Printed Name: Marico Exploration Inc Agent
 C. Date of Delivery: 12/3/04
 Return Receipt for Merchandise: ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No
 Delivery address below: # C6

☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
 Very? (Extra Fee) ☐ Yes ☐ No

4236 8286

PS Form 3811, February 2004 10295-02-M-1540

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OFFICIAL USE

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

12/11 DB

Postmark Here

Dennis K. McAtee Sr
 9933 32nd Street
 Oxford, IA 52323

SECTION ON DELIVERY
 Printed Name: Dennis K. McAtee Sr Agent
 C. Date of Delivery: 12/3/04
 Return Receipt for Merchandise: ☐ Yes ☐ No
 Delivery address below: ☐ Yes ☐ No
 Delivery address below: # C6

☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
 Very? (Extra Fee) ☐ Yes ☐ No

4236 8286

PS Form 3811, February 2004 10295-02-M-1540

1. Article Addressed to:

- 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.

A. Signature
Al Lynch
B. Received by (Printed Name)
Al Lynch
C. Date of Delivery
12/4/04
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:

Al Lynch
8205 A Memphis Ave
Lubbock, TX 79423

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

Article Number
7008 1300 0000 4237 0652

PS Form 3811, February 2004 Domestic Return Receipt

10295-02-M-154

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.

A. Signature
March of Dimes Birth Defects
B. Received by (Printed Name)
March of Dimes Birth Defects
C. Date of Delivery
12/4/04
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:

March of Dimes Birth Defects
1275 Mainoneck Ave
White Plains NY 10605

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

Article Number
7008 1300 0000 4236 8293

PS Form 3811, February 2004 Domestic Return Receipt

10295-02-M-154

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.

A. Signature
Thomas W. Lett
B. Received by (Printed Name)
Thomas W. Lett
C. Date of Delivery
12/4/04
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:

Thomas W. Lett
3500 Oak Lawn Ste 720
Dallas, TX 75219

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

Article Number
7008 1300 0000 4236 8187

PS Form 3811, February 2004 Domestic Return Receipt

10295-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
David A. Lynch
B. Received by (Printed Name)
David A. Lynch
C. Date of Delivery
12/4/04
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:

David A. Lynch
PO BOX 1904
Lovington, NM 88260

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

Article Number
7008 1300 0000 4236 8026

PS Form 3811, February 2004 Domestic Return Receipt

10295-02-M-154

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.

A. Signature
David A. Lynch
B. Received by (Printed Name)
David A. Lynch
C. Date of Delivery
12/4/04
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:

David A. Lynch
PO BOX 1904
Lovington, NM 88260

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

Article Number
7008 1300 0000 4236 8026

PS Form 3811, February 2004 Domestic Return Receipt

10295-02-M-154

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: Al Lynch
 8205 A Memphis Ave
 Lubbock, TX 79423

Signature: [Signature]
 Date: 12/11/04

Section ON DELIVERY
 Agent: []
 Addressee: []
 C. Date of Delivery: 12/11/04
 Return Receipt for Merchandise: []
 Express Mail: []
 Return Receipt for Merchandise: []
 C.O.D.: []
 See different from item 17: []
 Delivery address below: []

PS Form 3811, February 2004 10255-02-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: March of Dimes Birth Defects
 1275 mamaronck AVE
 White Plains NY 10605

Signature: [Signature]
 Date: 12/11/04

Section ON DELIVERY
 Agent: []
 Addressee: []
 C. Date of Delivery: 12/11/04
 Return Receipt for Merchandise: []
 Express Mail: []
 Return Receipt for Merchandise: []
 C.O.D.: []
 See different from item 17: []
 Delivery address below: []

PS Form 3811, February 2004 10255-02-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: Thomas W Lett
 3500 Oak Lawn Ste 720
 Dallas, TX 75219

Signature: [Signature]
 Date: 12/11/04

Section ON DELIVERY
 Agent: []
 Addressee: []
 C. Date of Delivery: 12/11/04
 Return Receipt for Merchandise: []
 Express Mail: []
 Return Receipt for Merchandise: []
 C.O.D.: []
 See different from item 17: []
 Delivery address below: []

PS Form 3811, February 2004 10255-02-M-1540

U.S. Postal ServiceTM
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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 \$

Sent to: David A Lynch
 PO BOX 1904
 Lovington, NM 88260

Signature: [Signature]
 Date: 12/11/04

Section ON DELIVERY
 Agent: []
 Addressee: []
 C. Date of Delivery: 12/11/04
 Return Receipt for Merchandise: []
 Express Mail: []
 Return Receipt for Merchandise: []
 C.O.D.: []
 See different from item 17: []
 Delivery address below: []

PS Form 3811, February 2004 10255-02-M-1540

THIS SECTION
nd 3. Also complete
ivery is desired.
ress on the reverse
he card to you.
back of the mailpiece,
permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *12/4*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 1300 0000 4237 0890
Domestic Return Receipt
10255-02-M-1540

THIS SECTION
nd 3. Also complete
elivery is desired.
ress on the reverse
he card to you.
back of the mailpiece,
permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *12/08/08*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 1300 0000 4237 0999
Domestic Return Receipt
10255-02-M-1540

THIS SECTION
nd 3. Also complete
Delivery is desired.
and address on the reverse
return the card to you.
ard to the back of the mailpiece,
front if space permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
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
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 1300 0000 4237 1095
Domestic Return Receipt
10255-02-M-1540

THIS SECTION
nd 3. Also complete
Delivery is desired.
and address on the reverse
return the card to you.
ard to the back of the mailpiece,
front if space permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature *[Signature]*
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *12-4-08*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 1300 0000 4237 0905
Domestic Return Receipt
10255-02-M-1540

U.S. Postal Service
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OFFICIAL USE

Postage \$ DB 12/11
Certified Fee
Return Receipt Fee (Enclosurement Required)
Restricted Delivery Fee (Enclosurement Required)

Postmark Here

Total F

Sent To Ruth Ann Canfield
2179 Birchdale Drive
Thousand Oaks, CA 91362

PS Form 3811, February 2004

Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY

Printed Name *[Signature]*
C. Date of Delivery 12/14
Press different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Express Mail ☐
Return Receipt for Merchandise ☒
C.O.D. ☐
Every? (Extra Fee) ☐ Yes ☐ No

4237 0890

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

Postage \$ 12-11 DB
Certified Fee
Return Receipt Fee (Enclosurement Required)
Restricted Delivery Fee (Enclosurement Required)

Postmark Here

Total F

Sent To Ruth Ann Canfield
2179 Birchdale Drive
Thousand Oaks, CA 91362

PS Form 3811, February 2004

Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY

Printed Name *[Signature]*
C. Date of Delivery 12/14
Press different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Express Mail ☐
Return Receipt for Merchandise ☒
C.O.D. ☐
Every? (Extra Fee) ☐ Yes ☐ No

4237 1095

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

Postage \$ DB
Certified Fee
Return Receipt Fee (Enclosurement Required)
Restricted Delivery Fee (Enclosurement Required)

Postmark Here

Total F

Sent To Gates Properties Ltd
Po BOX 81119
Midland, TX 79708

PS Form 3811, February 2004

Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY

Printed Name *[Signature]*
C. Date of Delivery 12/08/08
Press different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Express Mail ☐
Return Receipt for Merchandise ☒
C.O.D. ☐
Every? (Extra Fee) ☐ Yes ☐ No

7 0999

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

OFFICIAL USE

Postage \$ 12-11 DB
Certified Fee
Return Receipt Fee (Enclosurement Required)
Restricted Delivery Fee (Enclosurement Required)

Postmark Here

Total F

Sent To Gates Properties Ltd
Po BOX 81119
Midland, TX 79708

PS Form 3811, February 2004

Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY

Printed Name *[Signature]*
C. Date of Delivery 12-4-08
Press different from item 1? ☐ Yes ☐ No
Delivery address below: ☐ Yes ☐ No

Express Mail ☐
Return Receipt for Merchandise ☒
C.O.D. ☐
Every? (Extra Fee) ☐ Yes ☐ No

4237 0906

SECTION 1
Also complete this section on delivery.

A. Signature Quint ☐ Agent ☐ Addressee

B. Received by (Printed Name) Wanda Diaz ☐ Date of Delivery 12/10/08

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

D. If YES, enter delivery address below:

Article Addressed to:

Stagner LLC
Joseph Hantula CPA
PO BOX 57
Carlsbad, NM 88221

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

7008 1300 0000 4236 8262

Domestic Return Receipt

10295-02-M-1540

THIS SECTION
Also complete this section on delivery.

A. Signature Sharon Burkholder ☐ Agent ☐ Addressee

B. Received by (Printed Name) S. Burkholder ☐ Date of Delivery 12/10/08

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

D. If YES, enter delivery address below:

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

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

7008 1300 0000 4237 1101

Domestic Return Receipt

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Linda M. Hantula ☐ Agent ☐ Addressee

B. Received by (Printed Name) Linda M. Hantula ☐ Date of Delivery 12/10/08

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

D. If YES, enter delivery address below:

Article Addressed to:

Stagner LLC
Joseph Hantula CPA
PO BOX 57
Carlsbad, NM 88221

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

7008 1300 0000 4236 8255

Domestic Return Receipt

10295-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Sharon Burkholder ☐ Agent ☐ Addressee

B. Received by (Printed Name) S. Burkholder ☐ Date of Delivery 12/10/08

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

D. If YES, enter delivery address below:

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

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

7008 1300 0000 4236 8408

Domestic Return Receipt

10295-02-M-1540

For two years.

First-Class Mail or Priority Mail International mail, Registered Mail, Certified Mail, or Registered Mail, is requested to provide proof of delivery. To receive a fee waiver for the cost of the postage, the card on the front of the mailpiece, or on the back of the mailpiece, must be attached to the mailpiece with the postage and mail.

When making an inquiry, please present the article and the mailpiece with the postage and mail.

When making an inquiry, please present the article and the mailpiece with the postage and mail.

When making an inquiry, please present the article and the mailpiece with the postage and mail.

Article Addressed to:

Stagner LLC
Joseph Hantula CPA
PO BOX 57
Carlsbad, NM 88221

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

Article Addressed to:

Sharon Frances Burkholder
879 Meadowland Drive E
Naples, FL 34108

Postal ServiceTM
REGISTERED MAILTM RECEIPT
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For information visit our website at www.usps.com

OFFICIAL USE

Postmark Here

1211 BB

Field Road 92509

Postage Paid Fee Return Receipt Return Receipt

Express Mail Return Receipt for Merchandise
☐ Express Mail ☒ Return Receipt for Merchandise
☐ C.O.D. ☐ C.O.D.
 Insure? (Extra Fee) ☐ Yes ☐ No

237 1101

Domestic Return Receipt

January 2004

102595-02-M-1540

two years

COMPLETE THIS SECTION

Terms 1, 2, and 3. Also complete if Restricted Delivery is desired. Print your name and address on the reverse of this card to the back of the mailpiece, on the front if space permits.

1. Addressee to:

S Oil LLC
BOX 186
Sia, NM 88211

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☒ Restricted Delivery
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 ☐ Return Receipt for Merchandise ☐ Registered Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label) 7008 1300 0000 4236 8145

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8145

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8145

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8145

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8145

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8145

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8145

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

COMPLETE THIS SECTION

Terms 1, 2, and 3. Also complete if Restricted Delivery is desired. Print your name and address on the reverse of this card to the back of the mailpiece, on the front if space permits.

1. Addressee to:

Robert Stephen Heinsch
4415 87th Street
Lubbock, TX 79424

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☒ Restricted Delivery
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 ☐ Return Receipt for Merchandise ☐ Registered Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label) 7008 1300 0000 4236 8132

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8132

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8132

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8132

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8132

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8132

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8132

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

COMPLETE THIS SECTION

Terms 1, 2, and 3. Also complete if Restricted Delivery is desired. Print your name and address on the reverse of this card to the back of the mailpiece, on the front if space permits.

1. Addressee to:

Jennifer Grier Holmes
PO BOX 1287
Bellville, Texas 77418

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) ☒ Restricted Delivery
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 ☐ Return Receipt for Merchandise ☐ Registered Mail ☐ Insured Mail ☐ C.O.D. ☐ Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number (Transfer from service label) 7008 1300 0000 4236 8040

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8040

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8040

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

Article Number (Transfer from service label) 7008 1300 0000 4236 8040

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

Present it when making an inquiry. 7530-02-000-9047

Mail Provider:

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

SECTION ON DELIVERY
 Printed Name: Diana
 Agent: ☐ Agent
 Address: ☐ Address
 C. Date of Delivery: 12-8-2008
 Yes different from item 1? ☐ Yes
 If yes, address below: ☐ No

OFFICIAL USE
 Postage \$ 11.70
 Certified Fee 0.08
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total \$ 11.78

To: H & S Oil LLC
PO BOX 186
Artesia, NM 88211
 Street, Apt. or PO Box
 City, State

Postmark Here Diana

iii ☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 iv ☐ Yes
☐ No

PS Form 3811, February 2004 10255-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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SECTION ON DELIVERY
 Printed Name: Daniel
 Agent: ☐ Agent
 Address: ☐ Address
 C. Date of Delivery: 12-8-2008
 Yes different from item 1? ☐ Yes
 If yes, address below: ☐ No

OFFICIAL USE
 Postage \$ 11.70
 Certified Fee 0.08
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total \$ 11.78

To: NMO&G LTD
1423 North Avenue P
Lubbock, TX 79403
 Street, Apt. or PO Box
 City, State

Postmark Here Diana

iii ☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 iv ☐ Yes
☐ No

PS Form 3811, February 2004 10255-02-M-1540

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SECTION ON DELIVERY
 Printed Name: Heinrich
 Agent: ☐ Agent
 Address: ☐ Address
 C. Date of Delivery: 12-8-2008
 Yes different from item 1? ☐ Yes
 If yes, address below: ☐ No

OFFICIAL USE
 Postage \$ 11.70
 Certified Fee 0.08
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total \$ 11.78

To: Robert Stephen Heinrich
4415 8th Street
Lubbock, TX 79424
 Street, Apt. or PO Box
 City, State

Postmark Here Diana

iii ☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 iv ☐ Yes
☐ No

PS Form 3811, February 2004 10255-02-M-1540

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SECTION ON DELIVERY
 Printed Name: Heinrich
 Agent: ☐ Agent
 Address: ☐ Address
 C. Date of Delivery: 12-8-2008
 Yes different from item 1? ☐ Yes
 If yes, address below: ☐ No

OFFICIAL USE
 Postage \$ 11.70
 Certified Fee 0.08
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total \$ 11.78

To: Jennifer Grier Holmes
PO BOX 1287
Bellville, Texas 77418
 Street, Apt. or PO Box
 City, State

Postmark Here Diana

iii ☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 iv ☐ Yes
☐ No

PS Form 3811, February 2004 10255-02-M-1540

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Colleen Michelle Yates
PO BOX 25663
Albuquerque, NM 87125

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8246

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature *Colleen Yates*

B. Received by (Printed Name) *Colleen Yates*

C. Date of Delivery *12-11-04*

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

If YES, enter delivery address below:

10295-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Colleen Michelle Yates
PO BOX 25663
Albuquerque, NM 87125

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8246

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature *Colleen Yates*

B. Received by (Printed Name) *Colleen Yates*

C. Date of Delivery *12-11-04*

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

If YES, enter delivery address below:

10295-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Flavore M. Dooley
1000 South 2nd Street
Albuquerque, NM 88210

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8491

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature *Flavore M. Dooley*

B. Received by (Printed Name) *Flavore M. Dooley*

C. Date of Delivery *12-11-04*

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

If YES, enter delivery address below:

10295-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

1. Article Addressed to:

Colleen Michelle Yates
PO BOX 25663
Albuquerque, NM 87125

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8246

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Signature *Colleen Yates*

B. Received by (Printed Name) *Colleen Yates*

C. Date of Delivery *12-11-04*

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

If YES, enter delivery address below:

10295-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004

SECTION ON DELIVERY

Printed Name: Yates ☐ Agent ☐ Addressee

Signature: Yates ☒ Date of Delivery: 12/18/08

Postmark Here

Return Receipt Fee (Endorsement Required) ☐ Yes ☐ No

Delivery address below: ☐ Yes ☐ No

Express Mail ☐ Return Receipt for Merchandise ☐ Yes ☐ No

C.O.D. ☐ Yes ☐ No

Very? (Extra Fee) ☐ Yes ☐ No

PS Form 3811, February 2004 10256-02-00-1540

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OFFICIAL USE

Postage \$ 12.10

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 12.10

Sent To: Colleen Michelle Yates

Street, Apt. No.: PO BOX 23663

City, State, ZIP+4: Albuquerque, NM 87125

PS Form 3811, February 2004 10256-02-00-1540

SECTION ON DELIVERY

Printed Name: Dooley ☐ Agent ☐ Addressee

Signature: Dooley ☒ Date of Delivery: 12/18/08

Postmark Here

Return Receipt Fee (Endorsement Required) ☐ Yes ☐ No

Delivery address below: ☐ Yes ☐ No

Express Mail ☐ Return Receipt for Merchandise ☐ Yes ☐ No

C.O.D. ☐ Yes ☐ No

Very? (Extra Fee) ☐ Yes ☐ No

PS Form 3811, February 2004 10256-02-00-1540

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 \$ 11.18

Certified Fee 0.00

Return Receipt Fee (Endorsement Required) 0.00

Restricted Delivery Fee (Endorsement Required) 0.00

Total Postage & Fees 11.18

Sent To: Florence M. Dooley

Street, Apt. No.: 10000 South 2nd Street

City, State, ZIP+4: Phoenix, AZ 85040

PS Form 3811, February 2004 10256-02-00-1540

| | |
|---|--|
| <p>COMPLETE THIS SECTION</p> <p>1. Signature <u>Roy E Stein</u></p> <p>2. and 3. Also complete restricted Delivery is desired. Name and address on the reverse of your card to be placed on the back of the mailpiece, and to the back of the mailpiece, in space permits.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <u>Roy E Stein</u></p> <p>B. Received by (Printed Name) <u>Roy E Stein</u></p> <p>C. Date of Delivery <u>12/10/82</u></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>COMPLETE THIS SECTION</p> <p>1. Signature <u>Roy E Stein</u></p> <p>2. and 3. Also complete restricted Delivery is desired. Name and address on the reverse of your card to be placed on the back of the mailpiece, and to the back of the mailpiece, in space permits.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | <p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <u>Roy E Stein</u></p> <p>B. Received by (Printed Name) <u>Roy E Stein</u></p> <p>C. Date of Delivery <u>12/10/82</u></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> |

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OFFICIAL USE

Postage \$ 12.12
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total 12.12

Postmark Here

Sent To: DB
 Street: Roy E Stein
 Apt or PO #: 102W
 City, St: Dallas, TX 75225 - 3325

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

Printed Name: DB Agent ☐
 Address: 102W Agent ☐
 Date of Delivery: 12/11/08 Agent ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

Express Mail ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

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OFFICIAL USE

Postage \$ 12.11
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total 12.11

Postmark Here

Sent To: DB
 Street: Roy E Stein
 Apt or PO #: 102W
 City, St: Dallas, TX 75225 - 3325

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

Printed Name: DB Agent ☐
 Address: 102W Agent ☐
 Date of Delivery: 12/11/08 Agent ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

Express Mail ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

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OFFICIAL USE

Postage \$ 12.11
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total 12.11

Postmark Here

Sent To: DB
 Street: Lorraine M Rogers
 Apt or PO #: 1035 W POE
 City, St: City 36, Roswell, NM 88203

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

Printed Name: DB Agent ☐
 Address: 1035 W POE Agent ☐
 Date of Delivery: 12/11/08 Agent ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

Express Mail ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

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OFFICIAL USE

Postage \$ 12.11
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total 12.11

Postmark Here

Sent To: DB
 Street: Travco A Missouri Partnership
 Apt or PO #: 370 W High Point Lane
 City, St: Columbia, MO 65203

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-M-1540

SECTION ON DELIVERY

Printed Name: DB Agent ☐
 Address: 370 W High Point Lane Agent ☐
 Date of Delivery: 12/11/08 Agent ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

Express Mail ☐
 Return Receipt for Merchandise ☐
 C.O.D. ☐
 Delivery address below: ☐ Yes ☐ No

PS Form 3811, February 2004
Domestic Return Receipt
102554-02-M-1540

THIS SECTION
2, and 3. Also complete Delivery is desired. Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature [Signature]
B. Received by (Printed Name) Michael Mendenhall
C. Date of Delivery 12/19/02
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:
Elizabeth Mendenhall
1898 N Bruns Lane
Springfield, IL 62707

2. Article Number (Transfer from service label) 7008 1300 0000 4237 1071

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

THIS SECTION
2, and 3. Also complete Delivery is desired. Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature [Signature]
B. Received by (Printed Name) Norma T Pulliman
C. Date of Delivery 12-01-03
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:
Norma T Pulliman Trustee
1530 Pulliman Rd
Springfield IL 62707

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8217

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

PS Form 3811, February 2004
Domestic Return Receipt
102554-02-M-1540

PS Form 3811, February 2004
Domestic Return Receipt
102554-02-M-1540

THIS SECTION
2, and 3. Also complete Delivery is desired. Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature [Signature]
B. Received by (Printed Name) Debi Rodgers
C. Date of Delivery 12/19/02
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:
Elizabeth Mendenhall
1898 N Bruns Lane
Springfield, IL 62707

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0975

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

THIS SECTION
2, and 3. Also complete Delivery is desired. Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY
A. Signature [Signature]
B. Received by (Printed Name) Norma T Pulliman
C. Date of Delivery 12-01-03
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

1. Article Addressed to:
Norma T Pulliman Trustee
1530 Pulliman Rd
Springfield IL 62707

2. Article Number (Transfer from service label) 7008 1300 0000 4236 8347

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

PS Form 3811, February 2004
Domestic Return Receipt
102554-02-M-1540

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OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Postmark Here

1211 DB

Elizabeth Mendenhall
San 1898 N Bruns Lane
Springfield, IL 62707
City, State, ZIP+4

PS Form 3811, February 2004
Domestic Return Receipt

SECTION ON DELIVERY

Agent ☐ Address ☐
C. Date of Delivery 12/19/08
Press different from item 19 ☐ Yes ☐ No
Delivery address below: ☐ No

Express Mail ☐
Return Receipt for Merchandise ☐
C.O.D. ☐
Delivery? (Extra Fee) ☐ Yes ☐ No

37 0975

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OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Postmark Here

1211 DB

W Reynolds
7 Abraham Drive
Fallas, LA 50613

PS Form 3811, February 2004
Domestic Return Receipt

SECTION ON DELIVERY

Agent ☐ Address ☐
C. Date of Delivery 12/19/08
Press different from item 19 ☐ Yes ☐ No
Delivery address below: ☐ No

Express Mail ☐
Return Receipt for Merchandise ☐
C.O.D. ☐
Delivery? (Extra Fee) ☐ Yes ☐ No

37 0975

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)
Postmark Here

1211 DB

Elizabeth Mendenhall
San 1898 N Bruns Lane
Springfield, IL 62707
City, State, ZIP+4

PS Form 3811, February 2004
Domestic Return Receipt

SECTION ON DELIVERY

Agent ☐ Address ☐
C. Date of Delivery 12/19/08
Press different from item 19 ☐ Yes ☐ No
Delivery address below: ☐ No

Express Mail ☐
Return Receipt for Merchandise ☐
C.O.D. ☐
Delivery? (Extra Fee) ☐ Yes ☐ No

37 1071

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)
Postmark Here

1211 DB

Norma T Pulliman Trustee
1530 Pulliman Rd
Springfield IL 62707
City, State, ZIP+4

PS Form 3811, February 2004
Domestic Return Receipt

SECTION ON DELIVERY

Agent ☐ Address ☐
C. Date of Delivery 12-01-08
Press different from item 19 ☐ Yes ☐ No
Delivery address below: ☐ No

Express Mail ☐
Return Receipt for Merchandise ☐
C.O.D. ☐
Delivery? (Extra Fee) ☐ Yes ☐ No

37 1071

SECTION 1
Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☒ Certified Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.
 C. Delivery Address
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:
 cable Trust
 steo

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

7008 1300 0000 4236 8163
 Domestic Return Receipt

SECTION 2
Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☒ Certified Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.
 C. Delivery Address
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7008 1300 0000 4237 1057
 Domestic Return Receipt

McDonald
 11 CT
 52722

SECTION 1
Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☒ Certified Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.
 C. Delivery Address
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7008 1300 0000 4236 8484
 Domestic Return Receipt

SECTION 2
Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☒ Certified Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.
 C. Delivery Address
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7008 1300 0000 4237 0845
 Domestic Return Receipt

David Dwain Griswold
 1404 Forty Niners NE
 Albuquerque, NM 87111

SECTION 1
Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☒ Certified Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.
 C. Delivery Address
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7008 1300 0000 4236 8484
 Domestic Return Receipt

SECTION 2
Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) ☒ Certified Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.
 C. Delivery Address
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

7008 1300 0000 4237 0845
 Domestic Return Receipt

David Dwain Griswold
 1404 Forty Niners NE
 Albuquerque, NM 87111

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ *Don Pauline*

B. Received by (Printed Name) ☒ *Don Pauline*

C. Date of Delivery ☒ *12/19/00*

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

If YES, enter delivery address below:

Addressed to: *Don Pauline, Villa Park, 83702*

Service Type ☐ Express Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.

Return Receipt for Merchandise ☐ Yes ☒ No

Article Number (Transfer from service label) *83702*

Domestic Return Receipt *83702*

10255-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ *Thomas W Flynn*

B. Received by (Printed Name) ☒ *Thomas W Flynn*

C. Date of Delivery ☒ *12/19/00*

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

If YES, enter delivery address below:

Addressed to: *Thomas W Flynn, 10780 Salisbury Rd, Pleasant Plains IL 62677*

Service Type ☐ Express Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.

Return Receipt for Merchandise ☐ Yes ☒ No

Article Number (Transfer from service label) *7008 1300 0000 4236 8484*

Domestic Return Receipt *7008 1300 0000 4236 8484*

10255-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ *David Dwain Griswold*

B. Received by (Printed Name) ☒ *David Dwain Griswold*

C. Date of Delivery ☒ *12/19/00*

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

If YES, enter delivery address below:

Addressed to: *David Dwain Griswold, 1404 Perry Niners NE, Albuquerque, NM 87111*

Service Type ☐ Express Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.

Return Receipt for Merchandise ☐ Yes ☒ No

Article Number (Transfer from service label) *7008 1300 0000 4237 0845*

Domestic Return Receipt *7008 1300 0000 4237 0845*

10255-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ *David Dwain Griswold*

B. Received by (Printed Name) ☒ *David Dwain Griswold*

C. Date of Delivery ☒ *12/19/00*

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

If YES, enter delivery address below:

Addressed to: *David Dwain Griswold, 1404 Perry Niners NE, Albuquerque, NM 87111*

Service Type ☐ Express Mail ☐ Registered Mail ☐ Insured Mail ☐ C.O.D.

Return Receipt for Merchandise ☐ Yes ☒ No

Article Number (Transfer from service label) *7008 1300 0000 4237 0845*

Domestic Return Receipt *7008 1300 0000 4237 0845*

10255-02-M-1540

THIS SECTION

1. Article Addressed to:

2. Article Number (Transfer from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

5. Return Receipt for Merchandise

6. Date of Delivery

7. Signature

8. Received by (Printed Name)

9. Is delivery address different from item 1?

10. If YES, enter delivery address below:

THIS SECTION

1. Article Addressed to:

2. Article Number (Transfer from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

5. Return Receipt for Merchandise

6. Date of Delivery

7. Signature

8. Received by (Printed Name)

9. Is delivery address different from item 1?

10. If YES, enter delivery address below:

THIS SECTION

1. Article Addressed to:

2. Article Number (Transfer from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

5. Return Receipt for Merchandise

6. Date of Delivery

7. Signature

8. Received by (Printed Name)

9. Is delivery address different from item 1?

10. If YES, enter delivery address below:

THIS SECTION

1. Article Addressed to:

2. Article Number (Transfer from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

5. Return Receipt for Merchandise

6. Date of Delivery

7. Signature

8. Received by (Printed Name)

9. Is delivery address different from item 1?

10. If YES, enter delivery address below:

Service Mail RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage: 12/11
Certified Fee: DR
Return Receipt Fee (Endorsement Required): DR
Registered Delivery Fee (Endorsement Required): DR

Postmark Here

To: Thomas W Flynn
10780 Salisbury Rd
Pleasant Plains IL 62677

PS Form 3811, February 2004
10255-02-M-1540

SECTION ON DELIVERY

Printed Name: Andrew
Agent: ☐
Address: W. Villa York
City, State, ZIP+4: IL 63702

Date of Delivery: 12/11/08
Delivery address below: ☐ Yes ☐ No

Return Receipt for Merchandise: ☐ Yes ☐ No

Express Mail: ☐ Yes ☐ No

C.O.D.: ☐ Yes ☐ No

Delivery? (Extra Fee): ☐ Yes ☐ No

4237 1057

Service Mail RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage: 12/11
Certified Fee: DR
Return Receipt Fee (Endorsement Required): DR
Registered Delivery Fee (Endorsement Required): DR

Postmark Here

To: Willard McDonald
1 Sunnyhill CT
Seymour, IA 52722

PS Form 3811, February 2004
10255-02-M-1540

SECTION ON DELIVERY

Printed Name: Willard
Agent: ☐
Address: 1 Sunnyhill CT
City, State, ZIP+4: Seymour, IA 52722

Date of Delivery: 12/11/08
Delivery address below: ☐ Yes ☐ No

Return Receipt for Merchandise: ☐ Yes ☐ No

Express Mail: ☐ Yes ☐ No

C.O.D.: ☐ Yes ☐ No

Delivery? (Extra Fee): ☐ Yes ☐ No

4237 1057

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: 12/11
Certified Fee: DR
Return Receipt Fee (Endorsement Required): DR
Registered Delivery Fee (Endorsement Required): DR

Postmark Here

To: Thomas W Flynn
10780 Salisbury Rd
Pleasant Plains IL 62677

PS Form 3811, February 2004
10255-02-M-1540

SECTION ON DELIVERY

Printed Name: Thomas W Flynn
Agent: ☐
Address: 10780 Salisbury Rd
City, State, ZIP+4: Pleasant Plains IL 62677

Date of Delivery: 12/11/08
Delivery address below: ☐ Yes ☐ No

Return Receipt for Merchandise: ☐ Yes ☐ No

Express Mail: ☐ Yes ☐ No

C.O.D.: ☐ Yes ☐ No

Delivery? (Extra Fee): ☐ Yes ☐ No

4237 1057

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: 12/11
Certified Fee: DR
Return Receipt Fee (Endorsement Required): DR
Registered Delivery Fee (Endorsement Required): DR

Postmark Here

To: David Dwain Griswold
1404 Forty Niners NE
Albuquerque, NM 87111

PS Form 3811, February 2004
10255-02-M-1540

SECTION ON DELIVERY

Printed Name: David Dwain Griswold
Agent: ☐
Address: 1404 Forty Niners NE
City, State, ZIP+4: Albuquerque, NM 87111

Date of Delivery: 12/11/08
Delivery address below: ☐ Yes ☐ No

Return Receipt for Merchandise: ☐ Yes ☐ No

Express Mail: ☐ Yes ☐ No

C.O.D.: ☐ Yes ☐ No

Delivery? (Extra Fee): ☐ Yes ☐ No

4237 1057

SECTION 1

2. and 3. Also complete Delivery is desired. Print your name and address on the reverse of the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Trust
bad
90041

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Name]*
C. Date of Delivery *12-17-03*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

7008 1300 0000 4237 0944
Domestic Return Receipt

SECTION 2

Also complete Delivery is desired. Print your name and address on the reverse of the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
B. Received by (Printed Name) *[Name]*
C. Date of Delivery *12-17-03*
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

7008 1300 0000 4237 0814
Domestic Return Receipt

SECTION 3

2. Article Number (Transfer from service label) 7008 1300 0000 4237 1170
Domestic Return Receipt
PS Form 3811, February 2004

1. Article Addressed to:
Ballard E Spencer Trust Inc
c/o First National Bank Trust Dept
PO Drawer AA
Artesia, NM 88210

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

7008 1300 0000 4237 1170
Domestic Return Receipt

SECTION 4

2. Article Number (Transfer from service label) 7008 1300 0000 4237 0821
Domestic Return Receipt
PS Form 3811, February 2004

1. Article Addressed to:
Edwina K Brady
100 Norton Avenue 2
S Easton MA 23750

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

7008 1300 0000 4237 0821
Domestic Return Receipt

■ For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
■ If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.
IMPORTANT: Save this receipt and present it when making an inquiry.
PS Form 3800, August 2003 (Reverse) PSN 7530-02-000-9047

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 \$ 12.11 DB
 Certified Fee
 Return Receipt Fee (Enclosurement Required)
 Restricted Delivery Fee (Enclosurement Required)

Total \$
 Sent To
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Ballard E Spencer Trust Inc
 c/o First National Bank Trust Dept
 PO Drawer AA
 Artesia, NM 88210

PS Form 3811, August 2006 See Reverse for Instructions

February 2004 Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY
 Agent
 Printed Name Edwina K Brady Address
 C. Date of Delivery 12-11-04
 less different from item 1? ☐ Yes ☐ No
 delivery address below:
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Express Mail ☐
 Return Receipt for Merchandise ☒
 C.O.D. ☐
 Delivery? (Extra Fee) ☐ Yes ☐ No

4237 0944

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 \$ 12.11 DB
 Certified Fee
 Return Receipt Fee (Enclosurement Required)
 Restricted Delivery Fee (Enclosurement Required)

Total \$
 Sent To
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Gail Brawley
 BOX 121
 Lak, CO 81525

PS Form 3811, August 2006 See Reverse for Instructions

February 2004 Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY
 Agent
 Printed Name Edwina K Brady Address
 C. Date of Delivery 12-11-04
 less different from item 1? ☐ Yes ☐ No
 delivery address below:
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Express Mail ☐
 Return Receipt for Merchandise ☒
 C.O.D. ☐
 Delivery? (Extra Fee) ☐ Yes ☐ No

4237 0814

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 \$ 12.12 DB
 Certified Fee
 Return Receipt Fee (Enclosurement Required)
 Restricted Delivery Fee (Enclosurement Required)

Total \$
 Sent To
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Ballard E Spencer Trust Inc
 c/o First National Bank Trust Dept
 PO Drawer AA
 Artesia, NM 88210

PS Form 3811, August 2006 See Reverse for Instructions

February 2004 Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY
 Agent
 Printed Name Edwina K Brady Address
 C. Date of Delivery 12-11-04
 less different from item 1? ☐ Yes ☐ No
 delivery address below:
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Express Mail ☐
 Return Receipt for Merchandise ☒
 C.O.D. ☐
 Delivery? (Extra Fee) ☐ Yes ☐ No

4237 1170

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 \$ 12.11 DB
 Certified Fee
 Return Receipt Fee (Enclosurement Required)
 Restricted Delivery Fee (Enclosurement Required)

Total \$
 Sent To
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Edwina K Brady
 100 Norton Avenue 2
 S Easton MA 23750

PS Form 3811, August 2006 See Reverse for Instructions

February 2004 Domestic Return Receipt

10295-02-M-1540

SECTION ON DELIVERY
 Agent
 Printed Name Edwina K Brady Address
 C. Date of Delivery 12-11-04
 less different from item 1? ☐ Yes ☐ No
 delivery address below:
 Street Address
 or PO Box No.
 City, State, ZIP+4®

Express Mail ☐
 Return Receipt for Merchandise ☒
 C.O.D. ☐
 Delivery? (Extra Fee) ☐ Yes ☐ No

4237 0821

[illegible]

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

OFFICIAL USE

Postage \$ 11.20
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 11.20

Printed Name William H Dwyer III
 C. Date of Delivery 12/22
 See different from item 1? ☐ Yes ☒ No
 Delivery address below:
 William H Dwyer III
 50 Briar Hollow Suite 490E
 Houston, TX 77027

☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 Any? (Extra Fee) ☐ Yes ☒ No
 PS Form 3811, February 2004 10255-02-M-1540

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

OFFICIAL USE

Postage \$ 12.12
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 12.12

Printed Name Jane R Heinsch Testament Trust
 C. Date of Delivery 12/28
 See different from item 1? ☐ Yes ☒ No
 Delivery address below:
 Jane R Heinsch Testament Trust
 1309 Delta
 Carlsbad, NM 88220

☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 Any? (Extra Fee) ☐ Yes ☒ No
 PS Form 3811, February 2004 10255-02-M-1540

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

OFFICIAL USE

Postage \$ 11.20
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 11.20

Printed Name Carlshad
 C. Date of Delivery 12/22
 See different from item 1? ☐ Yes ☒ No
 Delivery address below:
 Carlshad

☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 Any? (Extra Fee) ☐ Yes ☒ No
 PS Form 3811, February 2004 10255-02-M-1540

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

OFFICIAL USE

Postage \$ 12.12
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 12.12

Printed Name Carlshad
 C. Date of Delivery 12/28
 See different from item 1? ☐ Yes ☒ No
 Delivery address below:
 Carlshad

☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 Any? (Extra Fee) ☐ Yes ☒ No
 PS Form 3811, February 2004 10255-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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OFFICIAL USE

Postage \$ 11.20
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 11.20

Printed Name Carlshad
 C. Date of Delivery 12/22
 See different from item 1? ☐ Yes ☒ No
 Delivery address below:
 Carlshad

☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 Any? (Extra Fee) ☐ Yes ☒ No
 PS Form 3811, February 2004 10255-02-M-1540

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

OFFICIAL USE

Postage \$ 11.20
 Certified Fee 0.00
 Return Receipt Fee (Endorsement Required) 0.00
 Restricted Delivery Fee (Endorsement Required) 0.00
 Total Postage & Fees \$ 11.20

Printed Name Carlshad
 C. Date of Delivery 12/28
 See different from item 1? ☐ Yes ☒ No
 Delivery address below:
 Carlshad

☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.
 Any? (Extra Fee) ☐ Yes ☒ No
 PS Form 3811, February 2004 10255-02-M-1540