

Oil Conservation Division
Case No. _____
Exhibit No. 8

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

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

jamesbruc@aol.com

October 8, 2009

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: All interest owners in the Benson Delaware Unit

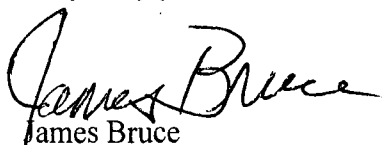
Ladies and gentlemen:

Enclosed is a copy of an amended application for statutory unitization of the Benson Delaware Unit, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, October 29, 2009, 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 to file a Pre-Hearing Statement no later than Thursday, October 22, 2009. This statement must be filed with the Division's Santa Fe office at the above address, and with the attorney for Chi Energy, Inc., 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.

Very truly yours,


James Bruce

Attorney for Chi Energy, Inc.

EXHIBIT

A

EXHIBIT A

Department of the Interior
Minerals Management Service
P. O. Box 5760
Denver, Colorado 80217

Crescent Porter Hale Foundation
c/o Ballard Exploration Company
1021 Main Street, Suite 2310
Houston, Texas 77002

Curtis and Edna Anderson
3807 SCR 1135
Midland, Texas 79706

Murchison Oil & Gas, Inc.
P.O. Box 841670
Dallas, Texas 75284

Gene Shumate
P.O. Box 2473
Midland, Texas 79702

Ken Seligman
616 5th Street
Graham, Texas 76450

Gene Davis
27 South Monroe Street
Denver, Colorado 80209

Wade S. Anderson
3807 SCR 1135
Midland, Texas 79706

Brazos Limited Partnership
P.O. Box 911
Breckenridge, Texas 76424

Gary Green
P.O. Box 1799
Midland, Texas 79702

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, Texas 77056

Pocahontas Oil Co., Inc.
P.O. Box 60476
Midland, Texas 79711

Rio Lobo Resources
2006 North "H"
Midland, Texas 79705

David Shatzer
P.O. Box 1799
Midland, Texas 79702

Westbrook Energy, Inc.
1507 Princeton
Midland, Texas 79701

Allan C. Anderson
10412 Ashmont Drive
Frisco, Texas 75035

COMPLETE THIS SECTION ON DELIVERY

A. Signature Wendell A. Coppey ☐ Agent ☐ Addressee
B. Received by (Printed Name) Wendell A. Coppey C. Date of Delivery

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

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

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

2. Article Number 7008 3230 0000 2324 2792 Domestic Return Receipt Chi

PS Form 3811, February 2004 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:

Pocahontas Oil Co., Inc.
P.O. Box 60476
Midland, Texas 79711

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

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

MAIL OFFICIAL USE

Postage	\$	\$2.92	0500
Return Receipt Fee (Endorsement Required)		\$2.80	02
Restricted Delivery Fee (Endorsement Required)		\$2.30	
Postage & Fees		\$0.00	
		\$8.02	10/08/2009

To
Pocahontas Oil Co., Inc.
P.O. Box 60476
Midland, Texas 79711
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ken Seligman
616 5th Street
Graham, Texas 76450

COMPLETE THIS SECTION ON DELIVERY

A. Signature Ken Seligman ☐ Agent ☐ Addressee
B. Received by (Printed Name) Ken Seligman C. Date of Delivery 10-13-09
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

2. Article Number 7008 3230 0000 2324 2730 Domestic Return Receipt Chi

PS Form 3811, February 2004 102595-02-M-1540

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

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

MAIL OFFICIAL USE

Postage	\$	\$2.92	0500
Return Receipt Fee (Endorsement Required)		\$2.80	02
Restricted Delivery Fee (Endorsement Required)		\$2.30	
Postage & Fees		\$0.00	
		\$8.02	10/08/2009

To
Ken Seligman
616 5th Street
Graham, Texas 76450
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

RECEIVED FOR OFFICIAL USE

Postmark Here
 03 8 2009
 0500
 USPS SANTA FE, NM 87501

Postage	\$2.92
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$8.02

Sent To: Brazos Limited Partnership
 P.O. Box 911
 Breckenridge, Texas 76424

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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.

2. Article Number (Transfer from service label)
 7008 3230 0000 2324 2686

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 OCT 13 2009

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

Department of the Interior
 Minerals Management Service
 P.O. Box 5760
 Denver, Colorado 80217

PS Form 3800, August 2006 See Reverse for Instructions

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

RECEIVED FOR OFFICIAL USE

Postmark Here
 02
 0500
 USPS SANTA FE, NM 87501

Postage	\$2.92
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$8.02

Sent To: Department of the Interior
 Minerals Management Service
 P.O. Box 5760
 Denver, Colorado 80217

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

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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.

2. Article Number (Transfer from service label)
 7008 3230 0000 2324 2761

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
 B. B. B. B. 10-13-07

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

Brazos Limited Partnership
 P.O. Box 911
 Breckenridge, Texas 76424

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gary Green
P.O. Box 1799
Midland, Texas 79702

2. Article Number
(Transfer from service label)

7008 3230 0000 2324 2778

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

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

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

If YES, enter delivery address below:

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

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

For delivery information visit our web site at www.usps.com

OFFICIAL USE

Postage	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total	\$8.02	10/08/2009

Sent To Gary Green
P.O. Box 1799
Midland, Texas 79702
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Gene Shumate
P.O. Box 2473
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number
(Transfer from service label)

7008 3230 0000 2324 2723

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our web site at www.usps.com

OFFICIAL USE

Postage	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total	\$8.02	10/08/2009

Sent To Gene Shumate
P.O. Box 2473
Midland, Texas 79702
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David Shatzer
P.O. Box 1799
Midland, Texas 79702

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Bennie Ross 10/14/09
 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

7008 3230 0000 234 0015

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	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$8.02	10/08/2009

Postmark Here

David Shatzer
P.O. Box 1799
Midland, Texas 79702

Sent To: Rio Lobo Resources
 Street, Apt. No.: 2006 North "H"
 or PO Box No. Midland, Texas 79705
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

Postage	\$2.92	0500
Certified Fee	\$2.80	02
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$8.02	10/08/2009

Postmark Here

Sent To: Rio Lobo Resources
 Street, Apt. No.: 2006 North "H"
 or PO Box No. Midland, Texas 79705
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

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:

Rio Lobo Resources
 2006 North "H"
 Midland, Texas 79705

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Judy W... 10-13
 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

Article Number
 (Transfer from service label)
 7008 3230 0000 2324 2808

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:

Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

Article Number
Transfer from service label

7008 3230 0000 2324 2716

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

Postmark Here

10/08/2009

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

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

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

PLANO TX 75093 SPECIAL USE

Postage	\$	\$2.92	0500
Certified Fee		\$2.80	02
Restricted Delivery Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$8.02	10/08/2009

Sent to: Murchison Oil & Gas, Inc.
1100 Mira Vista Boulevard
Plano, Texas 75093

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

McCombs Energy, Ltd.
5599 San Felipe, Suite 1200
Houston, Texas 77056

COMPLETE THIS SECTION ON DELIVERY

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

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

2. Article Number
(Transfer from service label)

7008 3230 0000 2324 2785

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:

Curtis and Edna Anderson
3807 SCR 1135
Midland, Texas 79706

2. Article Number

(Transfer from service label)

7008 3230 0000 2324 2709

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Edna Anderson
- B. Received by (Printed Name) ☐ Date of Delivery
Edna Anderson *10-10-09*
- 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

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	\$	\$2.92	0500
Return Receipt Fee (Endorsement Required)		\$2.80	02
Restricted Delivery Fee (Endorsement Required)		\$2.30	
Insured Mail Fee		\$0.00	
Express Mail Fee		\$8.02	10/08/2009

Service
Curtis and Edna Anderson
3807 SCR 1135
Midland, Texas 79706
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wade S. Anderson
3807 SCR 1135
Midland, Texas 79706

2. Article Number
(Transfer from service label)
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Wade Anderson
- B. Received by (Printed Name) ☐ Date of Delivery
Wade Anderson *10-10-09*
- 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

7008 3230 0000 2324 27

Domestic Return Receipt

PS Form 3811, February 2004

PS Form 3800, August 2006

See Reverse for Instructions

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

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

OFFICIAL USE

Postage	\$	\$2.92	0500
Return Receipt Fee (Endorsement Required)		\$2.80	02
Restricted Delivery Fee (Endorsement Required)		\$2.30	
Insured Mail Fee		\$0.00	
Express Mail Fee		\$8.02	10/08/2009

Service
Wade S. Anderson
3807 SCR 1135
Midland, Texas 79706
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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

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

OFFICIAL USE

Postage	\$	\$2.75	0500
Certified Fee	\$	\$2.80	02
Return Receipt Fee	\$	\$2.30	
Restricted Delivery Fee	\$	\$0.00	
Total Postage & Fees	\$	\$7.85	10/08/2009

To: Postmaster & Fees
 Westbrook Energy, Inc.
 1507 Princeton
 Midland, Texas 79701
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Westbrook Energy, Inc.
 1507 Princeton
 Midland, Texas 79701

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Westbrook Energy C. Date of Delivery 10-10-09
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

2. Article Number
 (Transfer from service label) 7008 3230 0000 2324 2822
 Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540


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

Track & Confirm

Search Results

Label/Receipt Number: 7008 3230 0000 2324 2747

Class: **First-Class Mail®**

Service(s): **Certified Mail™**
Return Receipt

Status: **Delivered**

[Track & Confirm](#)

Enter Label/Receipt Number.

[Go >](#)

Your item was delivered at 3:02 PM on November 9, 2009 in DENVER, CO 80209.

Detailed Results:

- **Delivered, November 09, 2009, 3:02 pm, DENVER, CO 80209**
- **Notice Left, October 10, 2009, 2:14 pm, DENVER, CO 80209**
- **Acceptance, October 08, 2009, 1:26 pm, SANTA FE, NM 87501**

Notification Options

Track & Confirm by email

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

[Site Map](#)
[Customer Service](#)
[Forms](#)
[Gov't Services](#)
[Careers](#)
[Privacy Policy](#)
[Terms of Use](#)
[Business Customer Gateway](#)

Copyright© 2009 USPS. All Rights Reserved.

No FEAR Act EEO Data FOIA

7008 3230 0000 2324 2747

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	\$ 2.92	0500
Postage & Fees	\$ 2.80	02
Return Receipt Fee (Endorsement Required)	\$ 0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.02	10/08/2009

Sent To: Gene Davis
27 South Monroe Street
Denver, Colorado 80209
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions