

HINKLE, HENSLEY, SHANOR & MARTIN, L.L.P.  
ATTORNEYS AT LAW  
218 MONTEZUMA  
SANTA FE, NEW MEXICO 87501  
505-982-4554 (FAX) 505-982-8623

WRITER:

Gary W. Larson,  
Partner  
glarson@hinklelawfirm.com

May 26, 2010

**Certified Mail/Return Receipt Requested**

Bureau of Land Management  
Carlsbad Field Office  
620 E. Greene Street  
Carlsbad, NM 88220

Re: VPR Operating, LLC Application for Waterflood Permit

Dear Interest Owner:

On behalf of VPR Operating, LLC ("VPR"), I am enclosing a copy of the application (Form C-108) that VPR has filed with the New Mexico Oil Conservation Division ("NMOCD"). VPR's application seeks an order approving a waterflood project for secondary recovery in the Sawyer West field in the N/W N/W, S/W N/W, and E/2 of the NW/4 and NE/4 of Section 27 and the N/2 of the N/2 and the S/2 of the N/2 and S/2 of Section 28, Township 9 South, Range 37 East, NMPM, Lea County, New Mexico.

The NMOCD has set VPR's application for hearing on Thursday, June 24, 2010, at 8:15 a.m. at the NMOCD's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico. You are not required to attend this hearing, but as an owner of an interest that may be affected by VPR's application, you may appear and present testimony. If you do not appear at the hearing, you will be precluded from contesting VPR's application at a later date.

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Thank you for your attention to this matter.

Sincerely,

  
Gary W. Larson

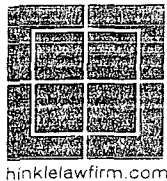
Case No. 14494

**VPR OPERATING  
Exhibit # 3**

GWL/js  
PO BOX 10  
ROSWELL, NEW MEXICO 88202  
(575) 622-6510  
FAX (575) 623-9332

PO BOX 3580  
MIDLAND, TEXAS 79702  
(432) 683-4691  
FAX (432) 683-6518

PO BOX 2068  
SANTA FE, NEW MEXICO 87504  
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May 26, 2010

**Certified Mail/Return Receipt Requested**

Petrohawk Energy Corporation  
1000 Louisiana, Ste. 5600  
Houston, TX 77002

Re: VPR Operating, LLC Application for Waterflood Permit

Dear Interest Owner:

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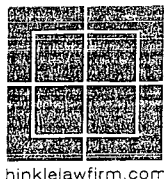
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May 26, 2010

**Certified Mail/Return Receipt Requested**

Newmont Mining Corporation  
6363 S. Fiddler's Green Circle  
Greenwood Village, CO 80111

Re: VPR Operating, LLC Application for Waterflood Permit

Dear Interest Owner:

On behalf of VPR Operating, LLC ("VPR"), I am enclosing a copy of the application (Form C-108) that VPR has filed with the New Mexico Oil Conservation Division ("NMOCD"). VPR's application seeks an order approving a waterflood project for secondary recovery in the Sawyer West field in the N/W N/W, S/W N/W, and E/2 of the NW/4 and NE/4 of Section 27 and the N/2 of the N/2 and the S/2 of the N/2 and S/2 of Section 28, Township 9 South, Range 37 East, NMPM, Lea County, New Mexico.

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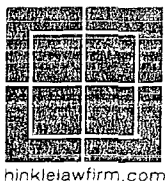
  
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May 26, 2010

**Certified Mail/Return Receipt Requested**

Devon Energy Production Company, LP  
20 N. Broadway  
Oklahoma City, OK 73102

Re: VPR Operating, LLC Application for Waterflood Permit

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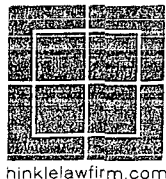
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May 26, 2010

**Certified Mail/Return Receipt Requested**

Cobra Exploration Company  
Post Office Box 8206  
Wichita Falls, TX 76307

Re: VPR Operating, LLC Application for Waterflood Permit

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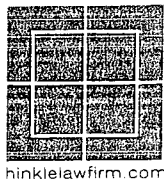
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May 26, 2010

**Certified Mail/Return Receipt Requested**

Robinson Oil Company  
Post Office Box 1829  
Eunice, NM 88231

Re: VPR Operating, LLC Application for Waterflood Permit

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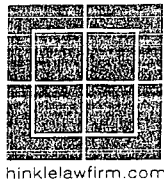
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May 26, 2010

**Certified Mail/Return Receipt Requested**

David Arlon Bilbrey  
HC 65, Box 55  
Crossroads, NM 88114

Re: VPR Operating, LLC Application for Waterflood Permit

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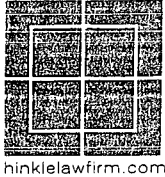
  
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May 26, 2010

**Certified Mail/Return Receipt Requested**

R.E. Hardberger  
B.R. Smylie  
Post Office Box 927  
Beaver, OK 73932

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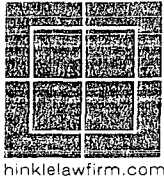
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WRITER:

Gary W. Larson,  
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May 26, 2010

**Certified Mail/Return Receipt Requested**

Michael Harton  
Post Office Box 415  
Tatum, NM 88267

Re: VPR Operating, LLC Application for Waterflood Permit

Dear Interest Owner:

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APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: ☒ Secondary Recovery \_\_\_\_\_ Pressure Maintenance \_\_\_\_\_ Disposal \_\_\_\_\_ Storage \_\_\_\_\_  
Application qualifies for administrative approval? \_\_\_\_\_ Yes ☒ No
- II. OPERATOR: VPR OPERATING, LLC  
ADDRESS: 1406 CAMP CRAFT RD, SUITE 106, AUSTIN, TX 78746  
CONTACT PARTY: ROBERT PULLEN PHONE: (512) 327-8776
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.  
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? \_\_\_\_\_ Yes ☒ No  
If yes, give the Division order number authorizing the project: \_\_\_\_\_
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- \*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Robert B. Pullen, Sr. TITLE: Sr. Vice-President  
SIGNATURE: [Signature] DATE: February 3, 2010  
E-MAIL ADDRESS: bob@vproperating.com
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: \_\_\_\_\_

### III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

### XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

---

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

**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:

Cobra Exploration Co  
P.O. Box 8206  
Wichita Falls, TX  
76307

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Abney M. Reed* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Darryl M. G. II* ☐ Date of Delivery

C. Date of Delivery

D. 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 0500 0001 4599 1641

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:

Robinson Oil Co.  
P.O. Box 1829  
Eunice, NM  
88231

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Abney M. Reed* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Darryl M. G. II* ☐ Date of Delivery

C. Date of Delivery

D. 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 0500 0001 4599 1658

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

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ *.44*

Certified Fee *2.30*

Return Receipt Fee (Endorsement Required) *2.40*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *5.54*

Postmark Here MAY 26 2010

Sent To *Cobra Exploration Co*  
Street, Apt. No., or PO Box No. *P.O. Box 8206*  
City, State, ZIP+4 *Wichita Falls TX 76307*

PS Form 3800, August 2005 See Reverse for Instructions

**US Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ *.44*

Certified Fee *2.30*

Return Receipt Fee (Endorsement Required) *2.40*

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ *5.54*

Postmark Here MAY 26 2010

Sent To *Robinson Oil Co.*  
Street, Apt. No., or PO Box No. *P.O. Box 1829*  
City, State, ZIP+4 *Eunice, NM 88231*

PS Form 3800, August 2005 See Reverse for Instructions

## SENDER, COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Newmont Mining Corp.  
6363 S. Fiddler's Green  
Greenwood Village, CO  
80111

2. Article Number  
(Transfer from service label)

7008 0500 0001 4599 1627

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) ☐ Date of 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
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

## SENDER, COMPLETE THIS SECTION

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

## 1. Article Addressed to:

David Arlon Bilbrey  
HC 65, Box 55  
Crossroads, NM  
88114

2. Article Number  
(Transfer from service label)

7008 0500 0001 4599 1665

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) ☐ Date of Delivery
- C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

## 3. Service Type

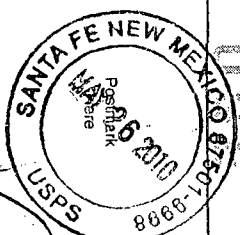
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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	\$ .44
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.54



Sent To  
Newmont Mining Corp.  
6363 S. Fiddler's Green  
Greenwood Village, CO 80111  
City, State, ZIP

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	\$ .44
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.54



Sent To  
David Arlon Bilbrey  
HC 65, Box 55  
Crossroads, NM 88114  
City, State, ZIP

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:

Michael Harton  
P.O. Box 415  
Tatum, NM  
88267

**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 0500 0001 4599 1689

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:

Devon Energy Prod. Co.  
20 N. Broadway  
Oklahoma City, OK  
73102

**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 0500 0001 4599 1634

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RAK

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

**OFFICIAL USE**

Postage	\$ 44
Certified Fee	2.28
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.51



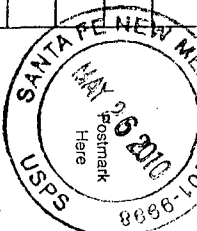
Sent to: Michael Harton  
Street Apt. No.: P.O. Box 415  
or PO Box No.: Tatum, NM 88267  
City, State, Zip: Tatum, NM 88267  
PS Form 3800, August 2005 See Reverse for Instructions

7008 0500 0001 4599 1689

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

**OFFICIAL USE**

Postage	\$ 44
Certified Fee	2.28
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.51



Sent to: Devon Energy Prod. Co.  
Street Apt. No.: 20 N. Broadway  
or PO Box No.: Oklahoma City, OK 73102  
City, State, Zip: OK, OK 73102  
PS Form 3800, August 2005 See Reverse for Instructions

7008 0500 0001 4599 1634

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

R.E. Harberger  
B.R. Smylie  
P.O. Box 927  
Beaver, OK 73932

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ *R.E. Harberger* ☒ Agent
- B. Received by (Printed Name) *Donna Spauld* ☒ Addressee
- C. Date of Delivery *6/24/10*
- 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 7008 0500 0001 4599 1672

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Petrohawk Energy  
1000 Louisiana  
Suite 5600  
Houston, TX 77002

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ *Paul Peters* ☐ Agent
- B. Received by (Printed Name) *Paul Peters* ☐ Addressee
- C. Date of Delivery *6/11/10*
- 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 7008 0500 0001 4599 1610

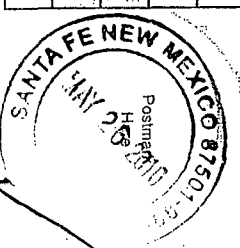
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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

## OFFICIAL USE

Postage	\$ 44
Certified Fee	240
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.51



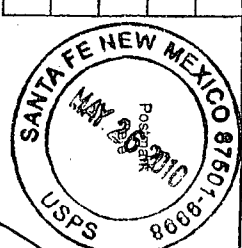
Sent To *Harberger/Smylie*  
Street Apt. No. *P.O. Box 927*  
or PO Box No. *Beaver, OK 73932*  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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

## OFFICIAL USE

Postage	\$ 44
Certified Fee	270
Return Receipt Fee (Endorsement Required)	240
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54



Sent To *Petrohawk Energy*  
Street Apt. No. *1000 Louisiana #5600*  
or PO Box No. *Houston TX 77002*  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

BLM  
620 E. Greene St.  
Carlsbad, NM  
88220

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
*[Signature]* ☐ Addressee

B. Received by (Printed Name) ☐ 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 7008 0500 0001 4599 1696  
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102395-02-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](http://www.usps.com)

**OFFICIAL USE**

Postage	\$1.44
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	2.40
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.54



Sent to *BLM*  
Street, Apt. No. *620 E. Greene*  
or PO Box No. *Carlsbad, NM 88220*  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions