

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

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

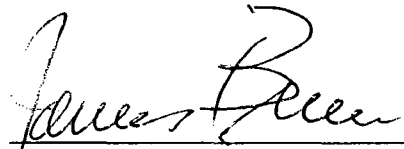
Case No. 14,523

AFFIDAVIT OF NOTICE

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

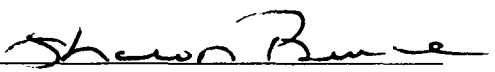
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Mewbourne Oil Company.
3. Mewbourne Oil Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their last known addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.

  
\_\_\_\_\_  
James Bruce

SUBSCRIBED AND SWORN TO before me this 2nd day of August, 2010 by  
James Bruce.

My Commission Expires: 3/14/13

  
\_\_\_\_\_  
Notary Public

Oil Conservation Division  
Case No. 3  
Exhibit No. 3

**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)

[jamesbruce@aol.com](mailto:jamesbruce@aol.com)

July 9, 2010

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

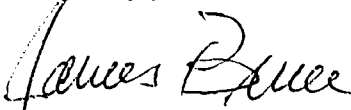
Ladies and gentlemen:

Enclosed is an application for compulsory pooling and a non-standard unit, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company, regarding the E½W½ of Section 21, Township 20 South, Range 25 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 5, 2010, 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 the 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 Rules to file a Pre-Hearing Statement no later than Thursday, July 29, 2010. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and 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. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Mewbourne Oil Company

EXHIBIT A

EXHIBIT A

Georgia Needham  
c/o Lewis R. Needham  
8345 Cherokee Road  
Lake Arthur, New Mexico 88253

Billy Joe Green  
4514 S.W. 169th Place  
Ocala, Florida 34473

Harold Parrish  
2106 Richey  
Artesia, New Mexico 88210

Wray J. Shildneck and wife Nina Shildneck  
P.O. Box 111  
Faywood, New Mexico 88034

Lois Green and the heirs or devisees  
of Robert Richard Green  
105 Dolphin Court  
Aransas Pass, Texas 78336

Nora Agnes Cockrum  
1606 North 26th Street  
Artesia, New Mexico 88210

Jack Brock and wife Bobbie N. Brock  
1180 West Bluff Road  
Orange, Texas 77632

Margaret R. Sheldon  
P.O. Box 404  
Kingsland, Texas 78639

Dorothy Collins  
825 East Llano Drive  
Hobbs, New Mexico 88240

Jo Ann Allen  
Apartment 3-A  
200 Twin Mountain Road  
Wimberley, Texas 78676

Alan G. Needham  
60 West Jackson Road  
Artesia, New Mexico 88210

Barbara Daniel  
2504 West Hillmont  
Odessa, Texas 79764

Heirs or devisees of R.A. Williams  
c/o Beth Gravell  
P.O. Box 1811  
Ozona, Texas 76943

Helen M. Needham  
9756 Blazing Star  
La Porte, Texas 77571

J.C. Sims, Jr. and wife Phyllis Sims  
P.O. Box 260884  
Lakewood, Colorado 80226

Minnie Cothran  
1214 West Avenue M  
Lovington, New Mexico 88260

Robert L. Needham  
1405 West Washington  
Artesia, New Mexico 88210

Donna Baca  
Space No. 5  
300 North Ellis Street  
Lake Elsinore, California 92350

Melvin Burke  
Space No. 68  
300 North Ellis Street  
Lake Elsinore, California 92350

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**OFFICIAL USE**

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

Sent To: Dorothy Collins  
 825 East Llano Drive  
 Hobbs, New Mexico 88240  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

1221 4654 1000 0050 8002

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Margaret R. Sheldon  
 P.O. Box 404  
 Kingsland, Texas 78639

2. Article Number (Transfer from service label) 7008 0500 0001 4594 1721

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Margaret R. Sheldon* ☐ Agent ☐ Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from the address on the front of the mailpiece? If YES, enter delivery address below:

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

4. Article Addressed to:  
 Margaret R. Sheldon  
 P.O. Box 404  
 Kingsland, Texas 78639

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

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

Sent To: Margaret R. Sheldon  
 P.O. Box 404  
 Kingsland, Texas 78639  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

1221 4654 1000 0050 8002

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Dorothy Collins  
 825 East Llano Drive  
 Hobbs, New Mexico 88240

2. Article Number (Transfer from service label) 7008 0500 0001 4594 1714

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

**COMPLETE THIS SECTION ON DELIVERY**

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

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

**SENDER: COMPLETE THIS SECTION**

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

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Harold Parrish  
2106 Richey  
Artesia, New Mexico 88210

2. Article Number (Transfer from service label) 7007 3020 0001 2489 7217

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Harold Parrish* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Harold Parrish* C. Date of Delivery *7-13-10*

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

If YES, enter delivery address below:

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

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

Postmark Here

Sent To *Harold Parrish*  
2106 Richey  
Artesia, New Mexico 88210

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

PS Form 3800, August 2005 See Reverse for Instructions

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**OFFICIAL USE**

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

Postmark Here

Sent To *J.C. Sims, Jr. and wife Phyllis Sims*  
P.O. Box 260884  
Lakewood, Colorado 80226

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

PS Form 3800, August 2005 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:

J.C. Sims, Jr. and wife Phyllis Sims  
P.O. Box 260884  
Lakewood, Colorado 80226

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *John C. Sims* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *John C. Sims* C. Date of Delivery *7-13-10*

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

2. Article Number (Transfer from service label) 7008 0500 0001 4594 1646

PS Form 3811, February 2004 Domestic Return Receipt M 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:

Robert L. Needham  
1405 West Washington  
Artesia, New Mexico 88210

# COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Robert L. Needham C. Date of Delivery 7/17/06
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

- 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 4594 1622

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102595-02-M-1540

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

Postage \$ 4.65

Certified Fee 0.40

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$5.05

Postmark Here

Sent To Robert L. Needham  
1405 West Washington  
Artesia, New Mexico 88210

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

PS Form 3800, August 2006

See Reverse for Instructions

# U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT<sup>TM</sup>

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

Postage \$ 4.65

Certified Fee 0.40

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$5.05

Postmark Here

Sent To Minnie Cochran  
1214 West Avenue M  
Lovington, New Mexico 88260

Street, Apt. No., 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:

Minnie Cochran  
1214 West Avenue M  
Lovington, New Mexico 88260

# COMPLETE THIS SECTION ON DELIVERY

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

- 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 4594 1639

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:

Lois Green and the heirs or devisees  
of Robert Richard Green  
105 Dolphin Court  
Aransas Pass, Texas 78336

2. Article Number

(Transfer from service label)

7006 2150 0002 3591 3145

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Domestic Return Receipt

102595-02-M-1540

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

Postmark Here

Sent To Lois Green and the heirs or devisees  
of Robert Richard Green  
105 Dolphin Court  
Aransas Pass, Texas 78336  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
Lois Green 2-15-04
- 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**

- 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:

Way J. Shildneck and wife Nina Shildneck  
P.O. Box 111  
Faywood, New Mexico 88034

2. Article Number

(Transfer from service label)

7007 3020 0001 2489 7200

PS Form 3811, February 2004

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

Postmark Here

Sent To Way J. Shildneck and wife Nina Shildneck  
P.O. Box 111  
Faywood, New Mexico 88034  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery  
Way J. Shildneck 7-17-10
- 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. Article Addressed to:

Donna Baca  
Space No. 5  
300 North Ellis Street  
Lake Elsinore, California 92350

2. Article Number 7007 3020 0001 2489 6890  
(Transfer from service label)

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

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Donna Baca* ☐ Agent ☐ Addressee

B. Received by (Printed Name) Donna Baca C. Date of Delivery 1/15/04

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 ☐ Insured Mail ☐ C.O.D.

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

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

Sent To Donna Baca  
Space No. 5  
Street, Apt. No.,  
or PO Box No. 300 North Ellis Street  
City, State, Zip+4 Lake Elsinore, California 92350

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

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**OFFICIAL USE**

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

Sent To Billy Joe Green  
Street, Apt. No.,  
or PO Box No. 4514 S.W. 169th Place  
City, State, Zip+4 Ocala, Florida 34473

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

Billy Joe Green  
4514 S.W. 169th Place  
Ocala, Florida 34473

2. Article Number 7007 3020 0001 2489 7224  
(Transfer from service label)

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

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Billy Joe Green* ☒ Agent ☐ Addressee

B. Received by (Printed Name) B. Green C. Date of Delivery 7/15/04

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 ☐ Insured Mail ☐ C.O.D.

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

# 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:

Helen M. Needham  
9756 Blazing Star  
La Porte, Texas 77571

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1653

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 website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To

Helen M. Needham  
Street Apt. No.: 9756 Blazing Star  
or PO Box No. La Porte, Texas 77571  
City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions

# COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Natalie Sanchez ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Natalie Sanchez ☐ Date of Delivery 7/13/10
- 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.

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:

Georgia Needham  
c/o Lewis R. Needham  
8345 Cherokee Road  
Lake Arthur, New Mexico 88253

2. Article Number

(Transfer from service label)

7007 3020 0001 2489 7231

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 website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

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

Sent To

Georgia Needham  
c/o Lewis R. Needham  
Street Apt. No.: 8345 Cherokee Road  
or PO Box No. Lake Arthur, New Mexico 88253  
City, State, Zip+4

PS Form 3800, August 2006

See Reverse for Instructions

# COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Susan Needham ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Susan Needham ☐ Date of Delivery 7/13/10
- 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.

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:

Jack Brock and wife Bobbie N. Brock  
1180 West Bluff Road  
Orange, Texas 77632

2. Article Number

(Transfer from service label)

7008 0500 0001 4594 1738

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 website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To  
Jack Brock and wife Bobbie N. Brock  
1180 West Bluff Road  
Orange, Texas 77632  
City, State, ZIP+4

PS Form 3800, August 2005

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:

Barbara Daniel  
2504 West Hillmont  
Odessa, Texas 79764

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

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

Sent To  
Barbara Daniel  
2504 West Hillmont  
Odessa, Texas 79764  
City, State, ZIP+4

PS Form 3800, August 2005

See Reverse for Instructions

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature	<input checked="" type="checkbox"/> Agent
B. Received by (Printed Name)	<input checked="" type="checkbox"/> Addressee
C. Date of Delivery	7-14-10
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Article Number 45941738

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Sent To Alan G. Needham  
 60 West Jackson Road  
 Artesia, New Mexico 88210

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:  
 Heirs or devisees of R.A. Williams  
 c/o Beth Gravel  
 P.O. Box 1811  
 Ozona, Texas 76943

2. Article Number 7008 0500 0001 4594 1660  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt M

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  
 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 ☐ Express Mail  
☒ Certified Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ C.O.D.  
☐ Insured Mail ☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Article Addressed to:  
 Alan G. Needham  
 60 West Jackson Road  
 Artesia, New Mexico 88210

PS Form 3800, August 2006 See Reverse for Instructions

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup> 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 \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Sent To Alan G. Needham  
 60 West Jackson Road  
 Artesia, New Mexico 88210

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:  
 Heirs or devisees of R.A. Williams  
 c/o Beth Gravel  
 P.O. Box 1811  
 Ozona, Texas 76943

2. Article Number 7008 0500 0001 4594 1660  
 (Transfer from service label)  
 PS Form 3811, February 2004 Domestic Return Receipt M

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  
 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:

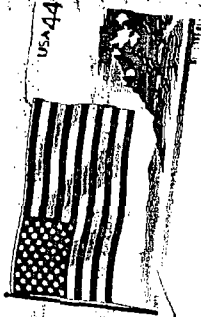
3. Service Type ☐ Express Mail  
☒ Certified Mail ☐ Return Receipt for Merchandise  
☐ Registered ☐ C.O.D.  
☐ Insured Mail ☐ Restricted Delivery? (Extra Fee) ☐ Yes

4. Article Addressed to:  
 Alan G. Needham  
 60 West Jackson Road  
 Artesia, New Mexico 88210

PS Form 3800, August 2006 See Reverse for Instructions

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

7007 3020 0001 2489 6883



7-22  
1ST NOTICE  
2ND NOTICE  
RETURN

Melvin Burke  
Space No. 68  
300 North Ellis Street  
Lake Elsinore, California 92350

NIXIE 923 SC 1 00 07/17/10  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD  
BC: 97504103656 \*0589-21742-10-37

32530-0740401036

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL POST OFFICE

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

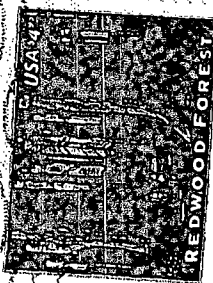
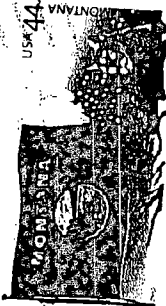
Sent To Melvin Burke  
Space No. 68  
Street, Apt. No.: 300 North Ellis Street  
or PO Box No. Lake Elsinore, California 92350  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7007 3020 0001 2489 6883

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

1697 4654 1000 0050 8002



RETURN  
2ND NOTICE  
1ST NOTICE 7-20



Jo Ann Allen  
Apartment 3-A  
200 Twin Mountain Road  
Wimberley, Texas 78676

NIXIE 787 SE 1 00 07/16/10

NOT DELIVERABLE TO RETURN TO SENDER FOR UNRECORDED

REC: 27504105556 \*0568-21828-12-97

0-5401056

一、關於「中國共產黨」之組織  
 二、關於「中國共產黨」之綱領  
 三、關於「中國共產黨」之政策  
 四、關於「中國共產黨」之宣傳  
 五、關於「中國共產黨」之紀律  
 六、關於「中國共產黨」之財政  
 七、關於「中國共產黨」之教育  
 八、關於「中國共產黨」之文化  
 九、關於「中國共產黨」之藝術  
 十、關於「中國共產黨」之體育  
 十一、關於「中國共產黨」之衛生  
 十二、關於「中國共產黨」之宗教  
 十三、關於「中國共產黨」之法律  
 十四、關於「中國共產黨」之道德  
 十五、關於「中國共產黨」之風俗  
 十六、關於「中國共產黨」之習慣  
 十七、關於「中國共產黨」之語言  
 十八、關於「中國共產黨」之文字  
 十九、關於「中國共產黨」之圖畫  
 二十、關於「中國共產黨」之音樂  
 二十一、關於「中國共產黨」之戲劇  
 二十二、關於「中國共產黨」之電影  
 二十三、關於「中國共產黨」之廣播  
 二十四、關於「中國共產黨」之出版  
 二十五、關於「中國共產黨」之印刷  
 二十六、關於「中國共產黨」之交通  
 二十七、關於「中國共產黨」之郵政  
 二十八、關於「中國共產黨」之電信  
 二十九、關於「中國共產黨」之電報  
 三十、關於「中國共產黨」之電話  
 三十一、關於「中國共產黨」之電燈  
 三十二、關於「中國共產黨」之電氣  
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 一百、關於「中國共產黨」之電氣

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

Postage:	\$ 10.00	Postmark Date
Carriage Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Jo Ann Allen  
Apartment 3-A  
200 Twin Mountain Road  
Wimberley, Texas 78676  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, Zip+4

PS Form 3800, August 2006 See Reverse for Instructions

TL9T H65H T000 0050 800Z

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**OFFICIAL USE**

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

Postmark  
Here

Sent To Nora Agnes Cockrum  
1606 North 26th Street  
Artesia, New Mexico 88210  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7006 2150 0002 3691 3138