

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

APPLICATION OF CHESAPEAKE EXPLORATION, LLC DOING BUSINESS
THROUGH ITS AGENT CHESAPEAKE OPERATING, INC. FOR STATUTORY
UNITIZATION OF THE CHAMBERS STRAWN
UNIT AREA, LEA COUNTY, NEW MEXICO.

CONSOLIDATED CASE NO. 14477

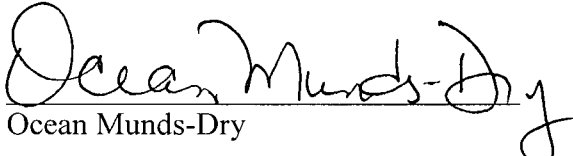
APPLICATION OF CHESAPEAKE EXPLORATION, LLC DOING BUSINESS
THROUGH ITS AGENT CHESAPEAKE OPERATING, INC. FOR APPROVAL OF A
WATERFLOOD PROJECT AND QUALIFICATION OF THE PROJECT AREA OF
THE CHAMBERS STRAWN UNIT FOR THE RECOVERED OIL TAX RATE
PURSUANT TO THE ENHANCED OIL RECOVERY ACT, LEA COUNTY, NEW
MEXICO.

CONSOLIDATED CASE NO. 14478

AFFIDAVIT

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

Ocean Munds-Dry, attorney in fact and authorized representative of Chesapeake Operating, Inc. the Applicant herein, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

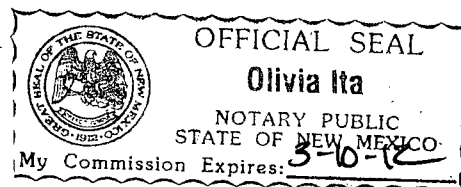

Ocean Munds-Dry

SUBSCRIBED AND SWORN to before me this 26th day of May 2010 by
Ocean Munds-Dry.


Notary Public

My Commission Expires: 3-10-12

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Consolidated Case No.'s 14477 & 14478 Exhibit No. 10
Submitted by:
CHESAPEAKE OPERATING, INC.
Hearing Date: MAY 27, 2010



Item XIII Notice Address List

EXHIBIT A

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
A & P Family Limited Partnership	P.O. Box 1046	Lunice	NM	88281
Albert Damien Hobbs c/o Berry Lee Hobbs, A-I-F	P.O. Box 154	Lovington	NM	88260
Andrei Ballis	29 Victory Street Rose Bay	Sydney	Australia	2023 NSW
Anita McDonald	1301 Sunny Hill Ct.	Bettendorf	IA	52722
Anna Kostantakopoylos	83-85 Limnry St.	Athens, Greece		
Anna Rallis Argeanas	13616 Embudo Ct. NE	Albuquerque	NM	87112
Barney M. Bailey	813 W. Madison	Lovington	NM	88260
Ben L. Graham	P.O. Box 1251	Lawrence	KS	66044
Berry Lee Hobbs a/k/a Berry L. Hobbs	P.O. Box 152	Lovington	NM	88260
Berry Lee Hobbs, Jr. c/o Berry Lee Hobbs, A-I-F	P.O. Box 156	Lovington	NM	88260
Betty Stephen	155 Juniper Rd.	Placitas	NM	87043
Beverly Prichard	1405 Murray	Midland	TX	79701
Beverly Sue Cantrell Davis				
Bill C. Cotner, Foreign Personal Representative of the estate of Dorothy W. Cotner	903 Country Club Drive	Midland	TX	79701
Bill Thompson	1600 Willowick	Wichita Falls	TX	76309
Bobbie J. Bishop	1404 W. Avenue H	Lovington	NM	88260
Brigid E. Curran, Trustee of the Brigid E. Curran Revocable Trust dated 5/3/1994	P.O. Box 22114	Santa Fe	NM	87502
Brooke Curran Poirier Marital Trust, John Brunk, Trustee	2337 W. 51st Terrace	Westwood	KS	66205
C. L. Schnedar Estate and Angela Schnedar Estate		Chavez Co.	NM	
C. T. Sparkman and Vera Sparkman	1017 W. Harrison	Lovington	NM	88260
Cecilia Ray	7717 Baughman	Amarillo	TX	79121

Chalfant Properties, Inc. and/or Bill Chalfant	1502 North Big Spring, P.O. Box 5123	Midland	TX	79702
Charles Howard Benson and Jean Claire Benson, Trustees of the New Mexico Property Trust u/t/a 3/1/2006	177-107 Ave. NE, Unit 1106	Bellevue	WA	98004
Chesapeake Exploration, L.L.C.	P.O. Box 18496	Oklahoma City	OK	73154-0496
Chesapeake Investments, L.P.	P.O. Box 18756	Oklahoma City	OK	73154
Claudia Sue Smith	105 N. Cougar Ave.	Cedar Park	TX	78613
ConocoPhillips Co. Attn: Tom Scarbrough	600 N. Dairy Ashford	Houston	TX	77079-1175
Cortez Oil Company	370 17th St., Ste. 3670	Denver	CO	80202
Damon Cochran	303 N. Cougar Ave.	Cedar Park	TX	78613
David Graham McDonald c/o Ben Graham	P.O. Box 1251	Lawrence	KS	66044
David L. Quinlan, Personal Representative of the estate of Lucille L. Vidal	4203 Coe Drive NE	Albuquerque	NM	87110
David Petroleum Corp.	116 W. 1st St.	Roswell	NM	88203
David R. Marshall c/o Nancy Fox	16 Aurielle Drive	Colchester	VT	05446
Denise Murray	4409 Fairbanks	Midland	TX	79707
Desmond C. Poirier Revocable Trust Desmond C. Poirier, Trustee	2337 W. 51st Terrace	Westwood	KS	66205
Dimitrios Papadopoulos		Akrata, Aigiialias Greece		
Donna Kay Atkinson	5974 Broyles Rd.		MO	65667
Dorothy L. Harvey	#4 Village Ct.	Littleton	CO	80123
Dorothy Runnels	8100 W. Alabama	Hobbs	NM	88240
Douglas C. Koch	P.O. Box 540244	Houston	TX	77254-0224
Doyle E. Province, Executor of the estate of Beulah Kay Phillips Province	5230 Mountain Villa Grove	Colorado Springs	CO	80917

Dudley P. Murph, Trustee of the Dudley P. Murph Revocable Living Trust	3019 W. Ave D.	Lovington	NM	88260
Earnest Phillips	P. O. Box 743	Van Alstyne,	TX	75095-0743
Edna Ruth Garner	East 2921 23rd #16	Spokane	WA	99223
LHV Investments, L.L.C.	10733 Highway 180 West	Silver City	NM	88061-9275
Llora Norene Phillips Duda	41725 Trenton Hill Dr.	Rio Rancho	NM	87124
Ericlis Papadopoulos		Akrata, Aigialias, Greece		
Ethel Mae Alberthal	300 Buzzard Hollow Court	Granbury	TX	76048
Floyd Miles	2400 S. Baylor	Roswell	NM	88201
Frances L. Schreuer	10525 108TH Ave. SW	Tacoma	WA	98498
Frances Ruth Stauz	Box 25	Coupland	TX	78615
Frances Stallcop Young	4935 Greenslope	Abilene	TX	79606
Gerald G. Feijoo				
Grady Thompson	9257 Shafter Rd.	Bakersfield	CA	93313
Greg Mauzy	P.O. Box 891	Midland	TX	79702
Greg Mauzy, Trustee of the MGM Oil & Gas Company Defined Benefit Plan	P.O. Box 891	Midland	TX	79702
Gretchen Ann Faulkner	209 Oak Hollow	Conroe	TX	77301
Gunsight Limited Partnership	P.O. Box 1973	Roswell	NM	88202
Gus Delonas (Dec'd) c/o Dorathy Delonas AIF (Dec'd)	3612 Mirror Ct	Spring	TX	77388
Helen Homanidis	General Delivery	Greece		
Helen Irving	4404 E. 85th St.	Tulsa	OK	74137
Holt Royalty, L.L.C.	P.O. Box 1469	Plainfield	IL	60544
ICA Energy, Inc.	700 N. Grant Ave.	Odessa	TX	79760-0233

A Ana Carol Randall and Cathy Ruth
Chapman c/o Linnie Jo Strunk 20600 Woodcreek Blvd. Northville MI 48167-2910

8 Intrust Bank, N.A., Trustee of the
Roxanna S. Carlock Revocable
Trust dated 7/23/1992 Box 48666 Wichita KS 67201

J. Wade Miles 6402 Quay Road, A. Ct. Tucumcary NM 88401

Jacquelynne Darlene Barnes 1202 Roosevelt Taylorville IL 62568

James Clark Henrie II P.O. Box 351 Corrales NM 87049

James I. Holden, Jr. 2250 Havensridge Drive Colorado Springs CO 80920

Jana B. Miles 341 S. Alpine Dr. Cornelius OR

Jane Dana Staley 4216 Berwick Wichita Falls TX 73609

Jean Claire Benson, Trustee of the
Survivor's Trust c/o Jennifer
Stevenson
Perkins Coie LLP 1201 Third Avenue, Suite 4800 Seattle WA 98101

Jeanne S. Kunko 1601 S. Kentucky Ave. Roswell NM 88201

Jim Tomlinson and Charlotte
Tomlinson, Trustees under the
Tomlinson Living Trust dated
12/12/2002 P.O. Box 774 Hatch NM 87937

Jo Ann Hobbs Holloway c/o Berry
Lee Hobbs, A-I-F P.O. Box 155 Lovington NM 88260

Joe Foran One Lincoln Centre
5400 LBJ Freeway #1500 Dallas TX 75240-1017

Joe S. Thompson, Executor of the
estate of Joe Thompson 27564 Pond Drive Keene CA 93531

John William McDonald c/o Ben
Graham P.O. Box 1251 Lawrence KS 66044

Judith E. Argoudelis, individually
and as Executrix of the estate of
John A. Argoudelis, deceased 1633 Cardinal Dr. Munster IN 46321

K. E. Chambers a/k/a Kenneth E.
Chambers 2811 W. Ave. D Lovington NM 88260-5351

Katherine McDonald Wenig 1450 245th St. Mt. Pleasant IA 52722

Kelly H. Baxter P.O. Box 1649 Austin TX 78767-1649

Kelly H. Baxter	P.O. Box 11193	Midland	TX	79702
Kenneth T. Dorbandt	P.O. Box 684306	Austin	TX	78768-4306
Kostas Rallis a/k/a Gus Rallis	2028 Palomas NE	Albuquerque	NM	87110
Koyla Rallis Kaetsas a/k/a Kirla Koula Rallis Kaetsas	General Delivery	Petalou-Korinthias, Greece		
Larry C. Squires, Trustee of the Larry C. Squires Revocable Trust dated 10/6/2004	P.O. Box 2158	Hobbs	NM	88241
Letsa Rallis Lafis a/k/a Garifalia Rallis Lafis	9 K Theodorou St.	Alghon 25100	Greece	
Linnie Jo Strunk	20600 Woodcreek Blvd.	Northville	MI	48167-2910
Lloyd C. Green, Jr., Trustee of the Lloyd C. Green, Jr. Revocable Living Trust	308 Oxford Dr.	Gordonville	TX	76254
Lloyd W. Miles	1714 Jack Nicholas Dr.	Belen	NM	87702
Luce Gene Tatum	4423 Evalyn	Amarillo	TX	79109
Lula Maye Phillips	HC 60 #741A	Lovington	NM	88260
Magot Suzanne Chambers a/k/a Suzanne McDonald Chambers	314 Mantz Ave.	Audubon	IA	50025
Margaret L. Thompson	HC 63 Box 54	Mullin	TX	76864
Mariam Parke Christopher	642 Maple Street	Winnetka	IL	60093
Mary Van Wyk	7562 S. University Blvd.	Littleton	CO	80122
Mel M. Graham c/o Ben Graham	P.O. Box 1251	Lawrence	KS	66044
Mickey Byrd	1305 East Dakota Road	Lovington	NM	88260
Mickey Byrd, in his capacity as Custodian F/B/O Kyle Adrian Byrd, UTMA	1305 East Dakota Road	Lovington	NM	88260
Mildred L. Adams	5803 West State Avenue	Glendale	AZ	85301
Myco Industries, Inc.	105 South 4th St.	Artesia	NM	88210
Nancy Fox	16 Aurielle Drive	Colchester	VT	05546

Nelson James Irving a/k/a Nelson J. Irving	125 N. Buffalo Grove Rd., Apt. 110	Buffalo Grove	IL	60089-1772
Nora Potter Tacker c/o Kenneth Tacker	1124 Edgewood Ln.	Allen	TX	75013
Norma J. Barton	P.O. Box 278	Hobbs	NM	88240
Northport Production Co.	5001 Gallardia Corp. Pl.	Oklahoma City	OK	73142-1868
Occidental Permian Ltd.	P.O. Box 5020	Midland	TX	79710
Patty Adams	309 Oakwood Ave.	East Peoria	IL	61611
Peggy F. Henrie	111 Columbia SE	Albuquerque	NM	87106
Peter Argoudelis	707 W. Santa Ann St., Apt. 269	Anaheim	CA	92805
Phyllis Ann Walker	4705 N.W. 82nd Terrace	Kansas City	MO	64151
Phyllis Inez Ireland	2112 Milburn Ave.	Odessa	TX	79761
Piyush V. Patel and Meena Patel Family Trust	25 Village Cir.	Midland	TX	79701
Playtime, Inc.	250 Sterling Ave.	Winter Park	FL	32789-5747
Quimex International, Inc.	P O Box 2662	Midland	TX	79702
Rena Oma Barnett				
Richard D. Green, Jr.	3809 4th Avenue	South Milwaukee	WI	53172
Richard D. Green, Sr.	P.O. Box 373	Clumbia Falls	MT	59912
Rita Schnedar, Trustee of the Schnedar 1998 Trust c/o William J. Schnedar	2007 S. Penn	Roswell	NM	88203
Rita Van Stone	Rt. 1, Box 620	Conway	MO	65632-9614
Robert L. Love	1110 Nambe	Hobbs	NM	88240
Robyn Mauser	2907 N. Platina	Mesa	AZ	85215
Ronald Miles and Patricia E. Miles	2805 Coronado Dr.	Roswell	NM	
Roy Davenport	Rt. 6, Box 923	Cleburne	TX	76031

Roy G. Barton, Jr.	1919 N. Turner St.	Hobbs	NM	88241
Roy G. Barton a/k/a George Barton, Trustee of the Roy G. Barton & Opal Barton Revocable Trust u/t/a dated 1/23/1982	1919 N. Turner	Hobbs	NM	88241
Rudd Family Trust	P.O. Box 1719	Amarillo	TX	79159
Russell A. Green	6104 Colfax Ave.	North Hollywood	CA	91606
Ruth L. Shields a/k/a Ruth Love Shields, individually and as Trustee of the Love Family Trust u/t/a dtd 4/24/97	2103 Geraldine	Midland	TX	79707
Satirios Rallis	General Delivery	Silivena - Egialias	Greece	
Scott Phillips Hutchin	127 Jory Drive	Owens Cross Roads	AL	35763
Sherry L. Green	172 Golden Russett Dr.	Lincoln	VA	22642
Sotirios Papadopoulos	163 Western Road	Westmead	Sydney 2145	Australia
Sotirios Rallis	3659 Calle Pino NE	Albuquerque	NM	87111
Ted W. Phillips, Jr.	P.O. Box 487	Rye	CO	81069
Teddy L. Hartley	P.O. Box 309	Clovis	NM	88102-0309
Texas Scottish Rite Hospital for Crippled Children	2222 Welborn Street	Dallas	TX	75219
TLW Investments, L.L.C.	ATTN: Doug Black 1001 Fannin, Ste. 2020	Houston	TX	77002
Trajan Development Co.	P.O. Box 16007	Oklahoma City	OK	73113
Veeradine Phillips				
Vicki Lynn Hobbs Calkins c/o Berry Lee Hobbs, A-I-F	P.O. Box 152	Lovington	NM	88260
Virgil M. Shinn	5724 N Avenue	Carmichael	CA	95608
W. B. Phillips	W. Starr Rt., Box 742	Lovington	NM	88260
Walter A. Moeller c/o Berry Lee Hobbs, A-I-F	P.O. Box 153	Lovington	NM	88260

Wayne A. Bissett	P.O. Box 2101	Midland	TX	79702
William J. Schnedar	2007 S. Penn St.	Roswell	NM	88203
Yates Drilling Company	105 South 4th St.	Artesia	NM	88210
Yates Petroleum Corporation	105 South 4th St.	Artesia	NM	88210

HOLLAND & HART



William F. Carr
wcarr@hollandhart.com

May 3, 2010

CERTIFIED MAIL- RETURN RECEIPT REQUESTED

TO: SURFACE OWNERS AND LEASEHOLD OPERATORS WITHIN 1/2 MILE OF THE PROPOSED INJECTION WELLS IN THE CHAMBERS STRAWN UNIT, LEA COUNTY, NEW MEXICO.

Re: Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for approval of a waterflood project, and for qualification of the project for the Recovered Oil Tax Rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico.

Ladies and Gentlemen:

Enclosed is a copy of the application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. (Oil Conservation Division Form C-108) in the above-referenced case for approval of a waterflood project in the proposed Chambers Strawn Unit Area. Water will be injected into the unitized interval of the Strawn formation and the waterflood project may be expanded as additional injection wells are added until it includes the entire Unit Area as fully described in the application.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 27, 2010. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
Attorney for Chesapeake Operating, Inc.

Enclosure

cc: Mr. Terry Frohnappfel
Chesapeake Operating, Inc.

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Durango Fort Collins



May 3, 2010

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: ALL AFFECTED INTEREST OWNERS IN THE CHAMBERS STRAWN UNIT AREA.

Re: Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for statutory unitization, of the Chambers Strawn Unit Area, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Chesapeake Operating, Inc. has filed the enclosed application with the New Mexico Oil Conservation Division seeking an order statutorily unitizing for the purpose of establishing a secondary recovery project, and at a later date a tertiary recovery project in the Strawn formation. The vertical limits of the unitized formation to be included within the proposed unit shall be the separate common source of supply of oil and gas underlying the Unit Area which is commonly known as the Strawn formation, the vertical limits of which include that stratigraphic interval occurring between a point 100 feet above the Strawn Carbonate formation and 100 feet below the base of the Strawn Carbonate formation, said Strawn Carbonate interval occurring between 11442 feet and 11738 feet (7490 feet to 7786 feet subsea) in the Chesapeake Operating, Inc. Runnels "8" Well No. 1 (API No. 30-025-34264) located 780 feet from the South line and 1510 feet from the West line of Section 8, Township 16 South, Range 36 East N.M.P.M., Lea County, New Mexico as recorded on sonic log of said well dated March 3, 1998.

The Unit will underlying 480 acres, more or less, of fee lands comprised of the following described acreage:

TOWNSHIP 16 SOUTH, RANGE 367 EAST, NMPM

Section 7:	NE/4, NE/4 SE/4
Section 8:	NW/4 NW/4, S/2 NW/4, SW/4

Said unit is to be designated the Chambers Strawn Unit.

Among the matters to be considered at the hearing on this application will be the necessity of unit operations; the designation of a unit operator; the determination of the

HOLLAND & HART



horizontal and vertical limits of the unit area; the determination of the fair, reasonable and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investments in wells and equipment; a non-consent penalty for risk to be charged against carried working interest owners within the unit area upon such terms and conditions to be determined by the Division as just and reasonable; and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including, but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations.

This application has been set for hearing before a Division Examiner at 8:15 AM on May 27, 2010. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint 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 challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-Hearing Statement with the Oil Conservation Division's Santa Fe office, four days in advance of a scheduled hearing, but at least on the Thursday preceding the hearing. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all 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 are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
Attorney for Chesapeake Operating, Inc.

Enclosure

cc: Mr. Terry Frohnepfel
Chesapeake Operating, Inc.

Affidavit of Publication

STATE OF NEW MEXICO)

) ss.

COUNTY OF LEA)

LEGAL NOTICE NOTICE OF PUBLICATION

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

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Legal Notice

was published in a regular and entire issue of **THE LOVINGTON LEADER** and not in any supplement thereof, for

one (1) day, beginning with the issue of May 8, 2010 and ending with the issue of May 8, 2010.

And that the cost of publishing said notice is the sum of \$ 116.88 which sum has been (Paid) as Court Costs.

Subscribed and sworn to before me this 20th day of
May 2010

Debbie Schilling
Debbie Schilling

Notary Public, Lea County, New Mexico

My Commission Expires June 22, 2010

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on May 27, 2010 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 14, 2010. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

CASE 14478:

Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for approval of a waterflood project and qualification of the Project Area of the Chambers Strawn Unit for the Recovered Oil Tax Rate pursuant to the Enhanced Oil Recovery Act, Lea County, New Mexico. Applicant in the above styled cause, seeks approval of its Chambers Strawn Waterflood Project in the, Strawn Formation Northeast Shoe Bar Strawn Pool, following described area:

TOWNSHIP 16 SOUTH, RANGE 36 EAST, NMPM

Section 7: NE/4, NE/4 SE/4

Section 8: NW/4 NW/4, S/2 NW/4, SW/4

Applicant proposes to conduct waterflood operations by injection of water into the Strawn formation through the following two injection wells:

Chambers 7 Well No. 1

1700 feet FNL & 900 feet FEL

Unit H, Section 7, Township 16 South, Range 36 East, NMPM

Lea County, New Mexico

API No. 30-025-33623

Runnels 8 Well No. 1

780 feet FSL & 1510 feet FWL

Unit N, Section 8, Township 16 South, Range 36 East, NMPM

Lea County, New Mexico

API No. 30-025-34264

The applicant requests that the Division establish procedures for the administrative approval of additional injection wells within the unit area without the necessity of further hearings and the adoption of any provisions necessary for such other matters as may be appropriate for said waterflood operations. Applicant further seeks to qualify the project area for the Recovered Oil Tax Rate pursuant to the "New Mexico Enhanced Oil Recovery Act" (Laws 1992, Chapter 38, Sections 1 through 5). Said area is located approximately 1.5 miles Southwest of Lovington, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 4th of May 2010.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E., Director

Published in the Lovington Leader May 8, 2010.

Affidavit of Publication

STATE OF NEW MEXICO)

) ss.

COUNTY OF LEA)

LEGAL NOTICE NOTICE OF PUBLICATION

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

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertising Director of **THE LOVINGTON LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Legal Notice

was published in a regular and entire issue of **THE LOVINGTON LEADER** and not in any supplement thereof, for

one (1) day, beginning with the issue of May 3, 2010 and ending with the issue of May 8, 2010.

And that the cost of publishing said notice is the sum of \$ 114.37 which sum has been (Paid) as Court Costs.

Joyce Clemens

Subscribed and sworn to before me this 20th day of May, 2010

Debbie Schilling

Debbie Schilling

Notary Public, Lea County, New Mexico

My Commission Expires June 22, 2010

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on May 27, 2010 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson, 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by May 17, 2010. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons
having any right, title, interest
or claim in the following cases
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridia whether or not so stated.)

CASE 14477:

Application of Chesapeake Exploration, LLC doing business through its agent Chesapeake Operating, Inc. for statutory unitization of the Chambers Strawn Unit Area, Lea County, New Mexico.

To: Rena Oma Barnett; Gerald G. Feijoo; Helen Homanidis; Koyla Rallis Kaetsas a/k/a Kirla Koula Rallis Kaetsas; Ericlis Papadopoulos; Dimitrios Papadopoulos; Veeradin Phillips; Santirios Rallis; Angela Schnedar; Nora Potter Tacket.

Applicant in the above-styled cause, seeks an order unitizing, for the purpose of establishing an enhanced recovery project, all mineral interest in the Strawn formation Northeast Shoe Bar Strawn Pool, underlying 480 acres, more or less, of fee lands in the following acreage:

TOWNSHIP 16 SOUTH, RANGE 36 EAST, NMPM
Section 7: NE/4, NE/4 SE/4
Section 8: NW/4 NW/4, S/2 NW/4, SW/4

Said unit to be designated the Chambers Strawn Unit. Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment and such other matters as may be necessary and appropriate for carrying on efficient unit operations; including but not limited to, unit voting procedures, selection, removal or substitution of unit operator and time of commencement and termination of unit operations. Applicant also requests that any such order issued in this case include a non-consent penalty for risk to be charged against carried working interests within the unit area upon such terms and conditions to be determined by the Division as just and reasonable. Said unit area is located approximately 1.5 miles Southwest of Lovington, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 4th of May 2010.

STATE OF NEW MEXICO OIL CONSERVATION DIVISION

Mark E. Fesmire, P.E., Director
Published in the Lovington Leader May 8, 2010.

Registered No.

Date Stamp

BE790349494US

To Be Completed
By Post Office

Reg. Fee	\$11.50	
Handling Charge	\$0.00	Return Receipt \$2.30
Postage	\$12.28	Restricted Delivery \$0.00
Received by	<i>[Signature]</i>	

0496

18

05/03/10

Customer Must Declare
Full Value \$0.00Domestic Insurance up to \$25,000 is included
based upon the declared value. International
Indemnity is limited. (See Reverse).To Be Completed By Customer
(Please Print)
All Entries Must Be In Ballpoint or Typed

FROM	HOLLAND & HART 110 N GUADALUPE SANTA FE, NM 87501
TO	ANNA KOSTANTAKOPOULOS 83-85 LIMNOY ST ATHENS, GREECE

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com

Registered No.

Date Stamp

BE790349675US

To Be Completed
By Post Office

Reg. Fee	\$11.50	
Handling Charge	\$0.00	Return Receipt \$2.30
Postage	\$12.28	Restricted Delivery \$0.00
Received by		

0496

18

05/03/10

Customer Must Declare
Full Value \$0.00Domestic Insurance up to \$25,000 is included
based upon the declared value. International
Indemnity is limited. (See Reverse).To Be Completed By Customer
(Please Print)
All Entries Must Be In Ballpoint or Typed

FROM	HOLLAND & HART 110 N GUADALUPE SANTA FE NM 87501
TO	ANDREI RALLS 29 VICTORY ST. ROSE BAY SYDNEY, AUSTRALIA 2023 NSW

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com

Registered No.

Date Stamp

Reg. Fee		\$11.50		0496	
Handling Charge		\$0.00		18	
Postage		\$12.28		05/03/10	
Return Receipt		\$2.30			
Restricted Delivery		\$0.00			
Received by		[Signature]			
Customer Must Declare Full Value \$0.00		Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).			
FROM		HOLLAND & HART 110 N GUADALUPE SANTA FE, NM 87501			
TO		BOATIROUS PAPADOPOULOS 163 WESTERN ROAD WESTMEAD, SYDNEY 2145 AUSTRALIA			

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Returned

Registered No.

Date Stamp

Reg. Fee		\$11.50		0496	
Handling Charge		\$0.00		18	
Postage		\$12.28		05/03/10	
Return Receipt		\$2.30			
Restricted Delivery		\$0.00			
Received by		[Signature]			
Customer Must Declare Full Value \$0.00		Domestic Insurance up to \$25,000 is included based upon the declared value. International Indemnity is limited. (See Reverse).			
FROM		HOLLAND & HART 110 N GUADALUPE SANTA FE, NM 87501			
TO		LEIBA RALLIS LAFIS AKA GARIFALIA RALLIS LAFIS 9K THEODOROU ST ALGHLON 25100 GREECE			

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051) (See Information on Reverse)
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7006 2760 0001 6379 6972

U.S. Postal Service™
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OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

A & P Family Limited Partnership
 P.O. Box 1046
 Eunice, NM 88231

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:

A & P Family Limited Partnership
 P.O. Box 1046
 Eunice, NM 88231

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6972

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Commander Kraft

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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 2760 0001 6379 4527

U.S. Postal Service™
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OFFICIAL

Postage	\$ 3.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Albert Damien Hobbs c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 154
 Lovington, NM 88260

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:

Albert Damien Hobbs c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 154
 Lovington, NM 88260

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 4527

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Sandi Brown

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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 2760 0001 6379 4497

U.S. Postal Service™
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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Anita McDonald
 1301 Sunny Hill Ct.
 Bettendorf, IA 52722

- 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:

Anita McDonald
 1301 Sunny Hill Ct.
 Bettendorf, IA 52722

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 4497

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Anita McDonald

B. Received by (Printed Name)
 Anita McDonald

C. Date of Delivery
 5-5-10

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

7006 2760 0001 6379 4725

U.S. Postal Service
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Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)

Anna Rallis Argeanas
 136 Embudo Ct. NE
 Albuquerque, NM 87112

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:

Anna Rallis Argeanas
 136 Embudo Ct. NE
 Albuquerque, NM 87112

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 4725

7006 2760 0001 6379 4732

U.S. Postal Service
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Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)

Barney M. Bailey
 813 W. Madison
 Lovington, NM 88260

SENDER

- 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:

Barney M. Bailey
 813 W. Madison
 Lovington, NM 88260

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 4732

7006 2760 0001 6379 4749

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)

Ben L. Graham
 P.O. Box 1251
 Lawrence, KS 66044

- 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:

Ben L. Graham
 P.O. Box 1251
 Lawrence, KS 66044

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 4749

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Alex Argeanas ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Alex Argeanas
 C. Date of Delivery 5/6/10
 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

A. Signature X Shirley Bailey ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Shirley Bailey
 C. Date of Delivery 5/6/10
 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

A. Signature X Ben L. Graham ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Ben L. Graham
 C. Date of Delivery 5/6/10
 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

7006 2760 0001 6379 6262

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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Berry Lee Hobbs, Jr. c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 156
 Lovington, NM 88260

SENDER: COMPLETE

■ 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:

Berry Lee Hobbs, Jr. c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 156
 Lovington, NM 88260

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DELIVERY

A. Signature
Sandi Brewer

B. Received by (Printed Name) *Sandi Brewer*

C. Date of Delivery *10/10/10*

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

7006 2760 0001 6379 6255

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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Barry Lee Hobbs
 a/k/a Berry L. Hobbs
 P.O. Box 152
 Lovington, NM 88260

SENDER: COMPLETE

■ 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:

Barry Lee Hobbs
 a/k/a Berry L. Hobbs
 P.O. Box 152
 Lovington, NM 88260

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature
Sandi Brewer

B. Received by (Printed Name) *Sandi Brewer*

C. Date of Delivery *10/10/10*

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

7006 2760 0001 6379 4718

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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Betty Stephen
 155 Juniper Rd.
 Placitas, NM 87043

SENDER: COMPLETE

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

1. Article Addressed to:

Betty Stephen
 155 Juniper Rd.
 Placitas, NM 87043

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 4718

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature
B. Stephens

B. Received by (Printed Name) *B. Stephens*

C. Date of Delivery *10/10/10*

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

7006 2760 0001 6379 7177

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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Postmark
Here

Beverly Prichard
1405 Murray
Midland, TX 79701

Returned

7006 2760 0001 6379 7184

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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Bill C. Cotner, Foreign Personal
Representative of the estate of Dorothy
W. Cotner
903 Country Club Drive
Midland, TX 79701

SENDER'S COPY

- 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:

Bill C. Cotner, Foreign Personal
Representative of the estate of Dorothy
W. Cotner
903 Country Club Drive
Midland, TX 79701

 2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 7184

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *PA Redman*☒ Agent☐ Addressee

B. Received by (Printed Name)

PA Redman

C. Date of Delivery

5-6-10
 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

7006 2760 0001 6379 7191

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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Postmark
Here

Bill Thompson
1600 Willowick
Wichita Falls, TX 76309

Returned

U.S. Postal Service™
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Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required) 17.10

Bobbie J. Bishop
1404 W. Avenue H
Lovington, NM 88260

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:

Bobbie J. Bishop
1404 W. Avenue H
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Bobbie Bishop ☐ Agent ☐ Addressee
B. Received by (Printed Name) Bobbie Bishop 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

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7207

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL USE

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 17.10

Brigid E. Curran, Trustee of the Brigid E. Curran Revocable Trust dated 5/3/1994
P.O. Box 221114, Santa Fe, NM 87502



Returned

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

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

OFFICIAL USE

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 17.10

Sent To
Street, Ap or PO Box
City, State
Brooke Curran P
Trust, John Brun
2337 W. 51st Ter
Westwood, KS 6

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:

Brooke Curran Poirier Marital Trust, John Brunk, Trustee
2337 W. 51st Terrace
Westwood, KS 66205

COMPLETE THIS SECTION ON DELIVERY

A. Signature X John A. Brunk ☐ Agent ☒ Addressee
B. Received by (Printed Name) John A. Brunk C. Date of Delivery 5/12/10
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

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 6286

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 4459

U.S. Postal Service™
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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

 Benefit Plan
 P.O. Box 891
 Midland, TX 79702
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:

 Benefit Plan
 P.O. Box 891
 Midland, TX 79702
COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Jm Maury*☐ Agent☐ Addressee

B. Received by (Printed Name)

Jm Maury

C. Date of Delivery

5-18-10
 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

(Transfer from service label)

7006 2760 0001 6379 4459

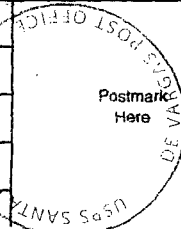
PS Form 3811, February 2004

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**OFFICIAL USE**

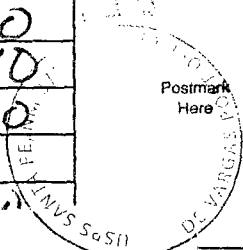
Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10


 C.T. Sparkman and Vera Sparkman
 1017 W. Harrison
 Lovington, NM 88260

(for Instructions)

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10


 Cecilia Ray
 7717 Baughman
 Amarillo, TX 79121

See Reverse for Instructions

Returned

7006 2760 0001 6379 6293

7006 2760 0001 6379 6309

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

For delivery information, visit our web

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required) 12.12

Chalfant Properties, Inc. and/or
1502 North Big Spring, P.O. Box
Midland, TX 79702

SENDER: COMPLETE

- 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:

Chalfant Properties, Inc. and/or Bill Chalfant
1502 North Big Spring, P.O. Box 3123
Midland, TX 79702

Signature Kathleen Lambrecht ☐ Agent ☐ Addressee
B. Received by (Printed Name) J. Hambrick C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
P.O. Box 3123
MIDLAND, TX 79702
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6316

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
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For delivery information, visit our web

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required) 10.10

Charles Howard Benson and Jean
Claire Benson, Trustees of the
Property Trust u/t/a 3/1/2006
177-107 Ave. NE, Unit 1106
Bellevue, WA 98004

- 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:

Charles Howard Benson and Jean
Claire Benson, Trustees of the New Mexico
Property Trust u/t/a 3/1/2006
177-107 Ave. NE, Unit 1106
Bellevue, WA 98004

Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) Monica [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)

7006 2760 0001 6379 6323

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL™
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For delivery information, visit our web

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required) 10.12

Chesapeake Exploration, L.L.C.
P.O. Box 18496
Oklahoma City, OK

- 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:

Chesapeake Exploration, L.L.C.
P.O. Box 18496
Oklahoma City, OK 73154-0496

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

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6903

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
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OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 10.10

Chesapeake Investments, L
 P.O. Box 18756
 Oklahoma City, OK 73154

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:

Chesapeake Investments, L.P.
 P.O. Box 18756
 Oklahoma City, OK 73154

A. Signature

X

RECEIVED
 MAY 05 2010
 MAILROOM 12

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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 6910

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

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

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 10.10

Sent To
 Street, Apt. N
 or PO Box No
 City, State, Zi
 Claudia Sue Smith
 305 N. Cougar A
 Cedar Park, TX

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:

Claudia Sue Smith
 305 N. Cougar Ave.
 Cedar Park, TX 78613

A. Signature

X *Wanda Cochran*

☐ 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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 6927

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

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 10.10

Sent
 Street or PO
 City, State, Zi
 ConocoPhillips Co
 Attn: Tom Scarbro
 600 N. Dairy Ashf
 Houston, TX 7707

- 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:

ConocoPhillips Co., as successor to
 Conoco, Inc.
 P.O. Box 7500
 Bartlesville, OK 74005-7500

A. Signature

X

ConocoPhillips

☐ 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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 4466

7006 2760 0001 6379 4466

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sent To: ConocoPhillips Co., as successor to
Conoco, Inc.
P.O. Box 7500
Bartlesville, OK 74005-7500

PS Form 3811, February 2004

7006 2760 0001 6379 6941

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sent To: Cortez Oil Company
370 17th St., Ste. 3670
Denver, CO 80202

PS Form 3811, February 2004

Returned

7006 2760 0001 6379 6958

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sent To: Damon Cochran
3030 N. cougar Ave.
Cedar Park, TX 78613

PS Form 3811, February 2004

TE THIS SECTION ON DELIVERY

1. Article Addressed to: Damon Cochran
3030 N. cougar Ave.
Cedar Park, TX 78613

2. Article Number (Transfer from service label) 7006 2760 0001 6379 6958

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature ☒ Jay K. Cochran ☐ Agent ☐ Addressee
B. Received by (Printed Name) ☒ Jay K. Cochran
C. Date of Delivery 5.7.10
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

7006 2760 0001 6379 6989

U.S. Postal Service™
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Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

 Sent To
 Street, or P.O.
 City, St.

 David Graham McDonald
 c/o Ben Graham
 P.O. Box 1251
 Lawrence, KS 66044

PS Form 3811, February 2004

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 Graham McDonald
 c/o Ben Graham
 P.O. Box 1251
 Lawrence, KS 66044

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6989

COMPLETE THIS SECTION ON DELIVERY
 A. Signature
 X Paul L. Graham ☐ Agent ☐ Addressee

 B. Received by (Printed Name)
 Paul L. Graham

C. Date of Delivery

5-10-10

 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

 David L. Quinlan, Personal
 Representative of the estate of
 Lucille L. Vidal
 4203 Coe Drive NE
 Albuquerque, NM 87110
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 L. Quinlan, Personal
 Representative of the estate of
 Lucille L. Vidal
 4203 Coe Drive NE
 Albuquerque, NM 87110

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 4541

COMPLETE THIS SECTION ON DELIVERY
 A. Signature
 X David L. Quinlan ☐ Agent ☐ Addressee

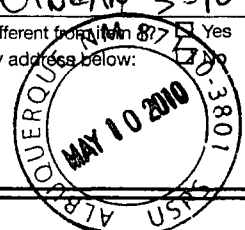
 B. Received by (Printed Name)
 DAVID L. QUINLAN

C. Date of Delivery

5-10-10

 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

 David Petroleum Corp.
 116 W. 1st St.
 Roswell, NM 88203

- 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 Petroleum Corp.
 116 W. 1st St.
 Roswell, NM 88203

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6965

 A. Signature
 X David Bellicini ☒ Agent ☐ Addressee

 B. Received by (Printed Name)
 David Bellicini

C. Date of Delivery

5-4-10

 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

7006 2760 0001 6379 6965

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6996

U.S. Postal Service
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OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 10.10

Sent To
 Street, or P.O. Box
 City, State, ZIP+4®

David R. Marshall
 c/o Nancy Fox
 16 Aurielle Drive
 Colchester, VT 05446

SENDER

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 R. Marshall
 c/o Nancy Fox
 16 Aurielle Drive
 Colchester, VT 05446

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 6996

SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 5/10/04

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

PS Form 3811, February 2004

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 7009

U.S. Postal Service
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OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sent To
 Street, or P.O. Box
 City, State, ZIP+4®

Denise Murray
 4409 Fairbanks
 Midland, TX 79707

USPS SANTA FE, NM
 Postmark Here
 ARGAS POST OFFICE

SENDER

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:

Desmond C. Poirier Revocable Trust
 Desmond C. Poirier, Trustee
 2337 W. 51st Terrace,
 Westwood, KS 66205

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 7016

SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 5/12/04

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

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Sent To
 Street, or P.O. Box
 City, State, ZIP+4®

Desmond C. Poirier
 Trust
 Desmond C. Poirier
 2337 W. 51st Terrace
 Westwood, KS 66205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 7023

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 (Domestic Mail Only; No Insurance)
For delivery information, visit our website at www.usps.com

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

 Dorothy L. Harvey
 #4 Village ct.
 Littleton, CO 801

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:

 Dorothy L. Harvey
 #4 Village ct.
 Littleton, CO 80123

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7023

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Dorothy Harvey

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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 2760 0001 6379 7030

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

 Dorothy Runnels
 8100W. Alabama
 Hobbs, NM 88240
Postmark
Here

Returned

7006 2760 0001 6379 7047

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

 Douglas C. Koch
 P.O. Box 540244
 Houston, TX 77254-02

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:

 Douglas C. Koch
 P.O. Box 540244
 Houston, TX 77254-0224

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7047

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Douglas Koch

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

U.S. Postal Service™
CERTIFIED MAIL™, REG.
 (Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	10.10

To: Doyle E. Province, Executor of the estate of Beulah Kay Phillips Province
 5230 Mountain Villa Grove
 Colorado Springs, CO 80917

U.S. Postal Service™
CERTIFIED MAIL™, REG.
 (Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	10.10

Sent: Dudley P. Murph, Trustee of the Dudley P. Murph Revocable Trust
 3019 W. Ave. D.
 Lovington, NM 88260

U.S. Postal Service™
CERTIFIED MAIL™, REG.
 (Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	10.10

Sent: Earnest Phillips
 P.O. Box 743
 Van Alstyne, TX 75095-0743

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:

Doyle E. Province, Executor of the estate of Beulah Kay Phillips Province
 5230 Mountain Villa Grove
 Colorado Springs, CO 80917

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7054

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

- 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:

Dudley P. Murph, Trustee of the Dudley P. Murph Revocable Living Trust
 3019 W. Ave. D.
 Lovington, NM 88260

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7061

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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:

Earnest Phillips
 P.O. Box 743
 Van Alstyne, TX 75095-0743

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7078

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Doyle Province	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) Doyle Province	C. Date of Delivery 5/5/10
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

3. Service Type	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" 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

A. Signature X Dudley Murph	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) Dudley Murph	C. Date of Delivery 5/4/10
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 checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" 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

A. Signature X Earnest Phillips	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) Earnest Phillips	C. Date of Delivery 5/5/10
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 checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered <input checked="" 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

7006 2760 0001 6379 7115

U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Ethel Mae Alberthal
300 Buzzard Hollow Court
Granbury, TX 76048

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:

Ethel Mae Alberthal
300 Buzzard Hollow Court
Granbury, TX 76048

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7115

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ *Ethel Mae Alberthal* ☐ Agent, Addressee

B. Received by (Printed Name)
LESTER ALBERTHAL

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

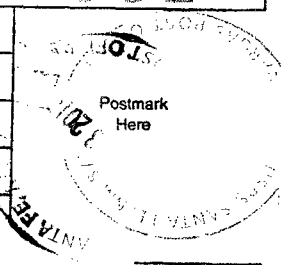
7006 2760 0001 6379 7139

U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Floyd Miles
2400 S. Baylor
Roswell, NM 88201



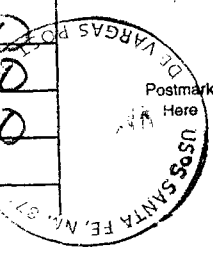
7006 2760 0001 6379 7146

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent To
Frances L. Schreuer
10525 108th Ave. SW
Tacoma, WA 98498



Returned

7006 2760 0001 6379 7153

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent
Street or PO
City

Frances Ruth Stauz
Box 25
Coupland, TX 78615

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:

Frances Ruth Stauz
Box 25
Coupland, TX 78615

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7153

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☒ Addressee

B. Received by (Printed Name)
FRAN STAUZ
C. Date of Delivery
5/12/10

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

7006 2760 0001 6379 7160

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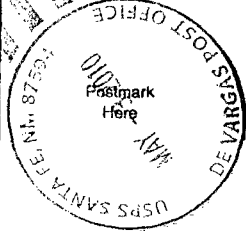
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent
Street or PO
City

Frances Stallcop Young
4935 Greenslope
Abilene, TX 79606



Returned

7006 2760 0001 6379 4695

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

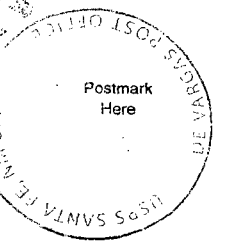
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent
Street or P
City

Grady Thompson
9257 Shafter Rd.
Bakersfield, CA 93313



Returned

7006 2760 0001 6379 4701

U.S. Postal Service™
CERTIFIED MAIL™ RE
 (Domestic Mail Only; No Insurance)
 For delivery information visit our website
OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 10.10

Sent
 By
 Street or P.O. Box
 City, State, ZIP+4®
 Greg Mauzy
 P.O. Box 891
 Midland, TX 79702

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:

Greg Mauzy
 P.O. Box 891
 Midland, TX 79702

2. Article Number _____

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Jim Mauzy C. Date of Delivery 5-18-0
 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

7006 2760 0001 6379 6897

U.S. Postal Service™
CERTIFIED MAIL™ RE
 (Domestic Mail Only; No Insurance)
 For delivery information visit our website
OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 10.10

Sent
 By
 Street or P.O. Box
 City, State, ZIP+4®
 Greg Mauzy, Trustee of
 Oil & Gas Company De
 Benefit Plan
 P.O. Box 891
 Midland, TX 79702

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:

Greg Mauzy, Trustee of the MGM
 Oil & Gas Company Defined
 Benefit Plan
 P.O. Box 891
 Midland, TX 79702

2. Article Number _____
 (Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Jim Mauzy C. Date of Delivery 5-18-0
 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

7006 2760 0001 6379 6897

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6880

U.S. Postal Service™
CERTIFIED MAIL™ RE
 (Domestic Mail Only; No Insurance)
 For delivery information visit our website
OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 10.10

Sent
 By
 Street or P.O. Box
 City, State, ZIP+4®
 Gretchen Ann Faulkner
 209 Oak Hollow
 Conroe, TX 77301

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:

Gretchen Ann Faulkner
 209 Oak Hollow
 Conroe, TX 77301

2. Article Number _____
 (Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Gretchen Faulkner 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

7006 2760 0001 6379 6880

PS Form 3811, February 2004

Domestic Return Receipt

J2-M-154C

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

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Gunsight Limited Partnership
 P.O. Box 1973
 Roswell, NM 88202

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:

Gunsight Limited Partnership
 P.O. Box 1973
 Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☒ Addressee
[Signature]
- B. Received by (Printed Name) *Ken Boeue* C. Date of Delivery *5/5/10*
- 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

PS Form 3800, August 2006

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Gus Delonas (Dec'd)
 c/o Dorothy Delonas AIF (Dec'd)
 3612 Mirror Ct
 Spring, TX 77388

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

7006 2760 0001 6379 6873

Domestic Return Receipt

102595-02-M-1544

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

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Helen Irving
 4404 E. 85th St.
 Tulsa, OK 74137

Returned

**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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent

Street
or P.O.
City

Holt Royalty, L.L.C.
P.O. Box 1469
Plainfield, IL 60544

PSR

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:

Holt Royalty, L.L.C.
P.O. Box 1469
Plainfield, IL 60544

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Lisa Jackson</i>	C. Date of Delivery <i>5-7-10</i>
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 checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" 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	

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

ICA Energy, Inc.
700 N. Grant Ave.
Odessa, TX 79760-0233

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 6835

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

1. Article Addressed to:

ICA Energy, Inc.
700 N. Grant Ave.
Odessa, TX 79760-0233

B. Received by (Printed Name) <i>Amy Cherry</i>	C. Date of Delivery <i>5-7-10</i>
D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" 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	

PS Form 3800, August 2006

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OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark
Here

Ina Carol Randall and Cathy Ruth
Chapman c/o Linnie Jo Strunk
20600 Woodcreek Blvd.
Northville MI 48167-2910

for instructions

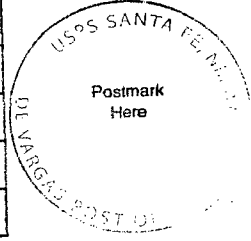
Returned

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

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

OFFICIAL USE

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 10.10



Returned

Intrust Bank, NA., Trustee of the
 Roxanna S. Carlock Revocable
 Trust dated 7/23/1992
 Box 48666
 Wichita, KS 67201

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 \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)

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. Wade Miles
 6402 Guay Road, A. Ct.
 Tucumcari, NM 88401

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
J. Wade Miles
 B. Received by (Printed Name) JARAH E. Miles C. Date of Delivery 5/7/10
 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

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6804

PS Form 3800, August 2006

PS Form 3811, February 2004

Domestic Return Receipt

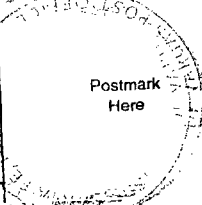
102595-02-M-1540

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

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

OFFICIAL USE

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)



Jacquelynne Darlene Barnes
 1202 Roosevelt
 Taylorville, IL 62568

Returned

PS Form 3800, August 2006

See reverse for instructions

7006 2760 0001 6379 6781

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

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

James Clark Henrie II
 P.O. Box 351
 Corrales, NM 87049

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:

 James Clark Henrie II
 P.O. Box 351
 Corrales, NM 87049

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Joan Henrie* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 JOAN HENRIE
- C. Date of Delivery
 5-13-2010
- 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

7006 2760 0001 6379 6774

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

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

James I. Holden, Jr.
 2250 Havensridge Drive
 Colorado Springs, CO 80920

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:

 James I. Holden, Jr.
 2250 Havensridge Drive
 Colorado Springs, CO 80920

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *James I. Holden, Jr.* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 James I. Holden, Jr.
- C. Date of Delivery
 5-13-2010
- 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

7006 2760 0001 6379 6767

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

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Jana B. Miles
 34 S. Alpine Dr.
 Cornelius, OR 97113

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:

 Jana B. Miles
 34 S. Alpine Dr.
 Cornelius, OR 97113

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *Jana Miles* ☐ Agent ☐ Addressee
- B. Received by (Printed Name)
 JANA MILES
- C. Date of Delivery
 5-13-2010
- 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

7006 2760 0001 6379 6750

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only; No Insurance)
 For delivery information visit our web site

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Sent Jane Dana Staley
 Street or PO 4216 Berwick
 City, Wichita Falls, TX 73609

PS Form 3800, August 2006

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only; No Insurance)
 For delivery information visit our web site

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 10.10

Jean Claire Benson, Trustee
 Survivor's Trust c/o Jennifer
 Stevenson Perkins Cole LLP
 1201 Third Avenue, Suite 48
 Seattle, WA 98101

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only; No Insurance)
 For delivery information visit our web site

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Sent Jeanne S. Kunko
 Street or PO 1601 S. Kentucky Ave
 City, Roswell, NM 88201

PS Form 3800, August 2006

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:

Jane Dana Staley
 4216 Berwick
 Wichita Falls, TX 73609

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 [Signature] ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Jane Staley 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 2760 0001 6379 6750

7006 2760 0001 6379 6743

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only; No Insurance)
 For delivery information visit our web site

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ 10.10

Jean Claire Benson, Trustee
 Survivor's Trust c/o Jennifer
 Stevenson Perkins Cole LLP
 1201 Third Avenue, Suite 48
 Seattle, WA 98101

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only; No Insurance)
 For delivery information visit our web site

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Sent Jeanne S. Kunko
 Street or PO 1601 S. Kentucky Ave
 City, Roswell, NM 88201

PS Form 3800, August 2006

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:

Jean Claire Benson, Trustee of the
 Survivor's Trust c/o Jennifer
 Stevenson Perkins Cole LLP
 1201 Third Avenue, Suite 4800
 Seattle, WA 98101

2. Article Number

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:

Jeanne D. Kunko
 1601 S. Kentucky Ave.
 Roswell, NM 88201

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 [Signature] ☐ Agent ☒ Addressee
 B. Received by (Printed Name) Debbie Frazier C. Date of Delivery 5-10-10

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

7006 2760 0001 6379 6743

7006 2760 0001 6379 6736

U.S. Postal Service™
CERTIFIED MAIL™, R
 (Domestic Mail Only; No Insurance)
 For delivery information visit our web site

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Sent Jeanne S. Kunko
 Street or PO 1601 S. Kentucky Ave
 City, Roswell, NM 88201

PS Form 3800, August 2006

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:

Jeanne D. Kunko
 1601 S. Kentucky Ave.
 Roswell, NM 88201

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 [Signature] ☐ Agent ☒ Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery 5-10-10

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

7006 2760 0001 6379 6736

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

For delivery information visit our website

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)

Jim Tomlinson and Charlotte Tomlinson, Trustees under Tomlinson Living Trust dated 12/12/2002
 P.O. Box 774
 Hatch, NM 87937

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:

Jim Tomlinson and Charlotte Tomlinson, Trustees under the Tomlinson Living Trust dated 12/12/2002
 P.O. Box 774
 Hatch, NM 87937

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Jim Tomlinson C. Date of Delivery 5-4-10
 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

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

For delivery information visit our website

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)

Jo Ann Hobbs Holloway c/o E Lee Hobbs, A-I-F
 P.O. Box 155
 Lovington, NM 88260

2. Article Number

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:

Jo Ann Hobbs Holloway c/o Berry Lee Hobbs, A-I-F
 P.O. Box 155
 Lovington, NM 88260

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Sandi Brown C. Date of Delivery 5-4-10
 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

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

For delivery information visit our website

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$10.10

Joe Foran
 One Lincoln Centre
 5400 LBJ Freeway #1500
 Dallas, TX 75240-1017

2. Article Number

(Transfer from service label)

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:

Joe Foran
 One Lincoln Centre
 5400 LBJ Freeway #1500
 Dallas, TX 75240-1017

A. Signature [Signature] ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Michele Kuchan C. Date of Delivery 5-5-10
 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

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6705

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Joe S. Executor of the estate
Thompson
27564 Pond Drive
Keene, CA 93531

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

- 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:

Joe S. Executor of the estate of Joe
Thompson
27564 Pond Drive
Keene, CA 93531

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

For delivery information visit our website

OFFICIAL

A. Signature ☒ Agent ☐ Addressee
X *Joe S. Thompson*
B. Received by (Printed Name) C. Date of Delivery
5/10/10
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 (Transfer from service label) 7006 2760 0001 6379 6705

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

John William McDonald
Graham
P.O. Box 1251
Lawrence, KS 66044

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

- 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:

John William McDonald c/o Ben
Graham
P.O. Box 1251
Lawrence, KS 66044

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

A. Signature ☐ Agent ☐ Addressee
X *Ben Graham*

B. Received by (Printed Name) C. Date of Delivery
Ben Graham 5-06-10

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 (Transfer from service label) 7006 2760 0001 6379 6682

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

For delivery information visit our website

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Judith E. Argoudelis, individually
and as Executrix of the estate of
John A Argoudelis, deceased
1633 Cardinal Dr.
Munster, IN 46321

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

- 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:

Judith E. Argoudelis, individually
and as Executrix of the estate of
John A Argoudelis, deceased
1633 Cardinal Dr.
Munster, IN 46321

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

A. Signature ☐ Agent ☐ Addressee
X *Stanley Jones*

B. Received by (Printed Name) C. Date of Delivery
Stanley Jones 5-7-10

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 (Transfer from service label) 7006 2760 0001 6379 6675

PS Form 3800, August 2005

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6668

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

To

Sent to
 K.E. Chambers a/k/a Ke
 Chambers
 2811 W. Ave. D
 Lovington, NM 88260-4

PS Form 3800, August 2006

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:

KE. Chambers a/k/a Kenneth E.
 Chambers
 2811 W. Ave. D
 Lovington, NM 88260-5351

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6668

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *K.E. Chambers* ☒ 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
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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.60

Sent to

Street or PO
 Katherine McDonald Wenig
 1450 245th St.
 City, State
 Mt. Pleasant, IA 52722

PS Form

Instructions

Returned

7006 2760 0001 6379 6644

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Total Po:

Sent To
 Kelly H. Baxter
 P.O. Box 1649
 Austin, TX 78767-

PS Form 3800, August 2006

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:

Kelly H. Baxter
 P.O. Box 1649
 Austin, TX 78767-1649

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6644

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kelly H. Baxter* ☒ 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 2760 0001 6379 6637

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Kenneth T. Dorbandt
 P.O. Box 684306
 Austin, TX 78768-4306

PS Form 3800, August 2006 See Reverse for Instructions

Returned

7006 2760 0001 6379 6620

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Kostas Rallis a/ka/a Gus Rallis
 2028 Palomas NE
 Albuquerque, NM 87110

PS Form 3800, August 2006

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:

Kostas Rallis a/ka/a Gus Rallis
 2028 Palomas NE
 Albuquerque, NM 87110

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 6620

PS Form 3811, February 2004

Domestic Return Receipt:

102595-02-M-1540

7006 2760 0001 6379 6613

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Larry C. Squires, Trustee of the
 Larry C. Squires Revocable Trust
 dated 10.6/2004
 P.O. Box 2158 Hobbs, NM

PS Form 3800, August 2006

SENDER: COMPLETE

- 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:

Larry C. Squires, Trustee of the
 Larry C. Squires Revocable Trust
 dated 10.6/2004
 P.O. Box 2158 Hobbs, NM 88241

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Gus Rallis

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

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Larry Squires

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 2760 0001 6379 6613

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 6590

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark Here

Sent to: Linnie Jo Strunk
Street or PO: 20600 Woodcreek Blvd.
City, State, ZIP: Northville, MI 48167-2910

PS Form 3811, February 2004

Returned

7006 2760 0001 6379 6583

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.38
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.18

1. Article Addressed to:
Lloyd C. Green, Jr., Trustee of the
Lloyd C. Green, Jr. Revocable
Living Trust
308 Oxford Fr.
Gordonville, TX 76254

2. Article Number (Transfer from service label): 7006 2760 0001 6379 6583

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Mike Green* ☐ Agent ☐ Addressee
B. Received by (Printed Name): **MIKE GREEN**
C. Date of Delivery: **5-5-10**
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

7006 2760 0001 6379 6576

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$8.10

1. Article Addressed to:
Lloyd W. Miles
1714 Jack Nicholas Dr.
Belen, NM 87702

2. Article Number (Transfer from service label): 7006 2760 0001 6379 6576

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature: *Lloyd W. Miles* ☐ Agent ☐ Addressee
B. Received by (Printed Name): **L Miles**
C. Date of Delivery: **5/4**
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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

7006 2760 0001 6379 6569

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10

Luce Gene Tatum
 4423 Evalyn
 Amarillo, TX 79109

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:

Luce Gene Tatum
 4423 Evalyn
 Amarillo, TX 79109

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 6569

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

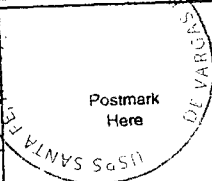
COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Gene Tatum
 B. Received by (Printed Name) C. Date of Delivery
 5-6-10
 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

7006 2760 0001 6379 6552

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 10.10



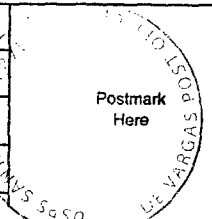
Se
 St
 or
 Cl
 Lula Maye Phillips
 HC 60 #741A
 Lovington, NM 88260

Returned

7006 2760 0001 6379 6536

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	



Se
 St
 or
 Cl
 Magot Suzanne Chambers a/k/a
 Suzanne McDonald Chambers
 314 Mantz Ave.
 Audubon, IA 50025

7006 2760 0001 6379 6545

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark Here

Sent To: Margaret L. Thompson
 Street, or PO: HC 63 Box 54
 City, St: Mullin, TX 76864

PS Form 3800, August 2006

Returned

7006 2760 0001 6379 6521

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sent To: Mariam Parke Christopher
 Street: 642 Maple Street
 City: Winnetka, IL 60093

PS Form 3800, August 2006

Returned

7006 2760 0001 6379 6514

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sent To: Mary Van Wyk
 Street: 7562 S. University Blvd.
 City: Littleton, CO 80122

PS Form 3800, August 2006

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
 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:
 Mary Van Wyk
 7562 S. University Blvd.
 Littleton, CO 80122

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 6514

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

60 0001 6379 6507

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Mel M. Graham c/o Ben Graham
 P.O. Box 1251
 Lawrence, KS 66044

SENDER: COMPLETE

1. Article Addressed to:

Mel M. Graham c/o Ben Graham
 P.O. Box 1251
 Lawrence, KS 66044

DELIVERY

A. Signature: *[Signature]*

B. Received by (Printed Name): *Ben Graham*

C. Date of Delivery: *5-06-10*

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

2. Article Number (Transfer from service label)

7006 2760 0001 6379 6507

7006 2760 0001 6379 6491

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sent To: Mickey Byrd
 1305 East Dakota Road
 Lovington, NM 88260

7006 2760 0001 6379 6484

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark Here

Sent To: Mickey Byrd, in his capacity as
 Custodian f/b/o Kyle Adrian Byrd,
 UTMA
 1305 East Dakota Road
 Lovington, NM 88260

7006 2760 0001 6379 6477

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 \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$10.10



Mildred L. Adams
 5803 West State Avenue
 Glendale, AZ 85301

Returned

7006 2760 0001 6379 6460

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 \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$10.10

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:

Myco Industries, Inc.
 105 South 4th St.
 Artesia, NM 88210

Sent by _____
 Street or PO _____
 City, State, ZIP+4 _____
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Clarissa Luna ☐ Agent ☒ Addressee
 B. Received by (Printed Name) CLARISSA LUNA C. Date of Delivery MAY 11 2010
 D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below:

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

2. Article Number

(Transfer from service label)

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:

Nancy Fox
 16 Aurielle Drive
 Colchester, VT 05546

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 \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)

Nancy Fox
 16 Aurielle Drive
 Colchester, VT 05546

THIS SECTION ON DELIVERY

A. Signature Nancy Fox ☐ Agent ☐ Addressee
 B. Received by (Printed Name) _____ C. Date of Delivery 5-6-10
 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

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6453

7006 2760 0001 6379 6439

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

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Nelson James Irving a/k/a J
 Irving
 125 N. Buffalo Grove Rd.,
 Buffalo Grove, IL 60089-1

SENDER: CO

- 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:

Nelson James Irving a/k/a Nelson J.
 Irving
 125 N. Buffalo Grove Rd., Apt. 110
 Buffalo Grove, IL 60089-1722

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Nora Potter Tacker
 c/o Kenneth Tacker
 1224 Edgewood Ln.
 Allen, TX 75013

SENDER: CO

- 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:

Nora Potter Tacker
 c/o Kenneth Tacker
 1224 Edgewood Ln.
 Allen, TX 75013

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

To

Norma J. Barton
 P.O. Box 978
 Hobbs, NM 88240

See
 Str
 or
 Cit

PS Form 3800, August 2006

See Reverse for Instructions

CERTIFIED MAIL™

ON DELIVERY

X *Susan M. Smith* ☐ Agent ☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 SUSAN M. SMITH 5-7-10
 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

7006 2760 0001 6379 6439

7006 2760 0001 6379 6422

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

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark
 Here

VARGAS POST OFFICE

7006 2760 0001 6379 6422

Returned

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

For delivery information visit our website

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total 10.10

Sent by
 Street or PO
 City,
 Northport Production
 5001 Gaillardia Corp.
 Oklahoma City, OK

PS Form 3800, August 2005

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:

Northport Production Co.
 5001 Gaillardia Corp. Pl.
 Oklahoma City, OK 73142-1868

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6408

COMPLETE THIS SECTION ON DELIVERY

A. Signature x Emily Smith ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Emily Smith C. Date of Delivery 5/5/10
 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

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

For delivery information visit our website

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total 10.10

Occidental Permian Ltd.
 P.O. Box 5020
 Midland, TX 79710

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:

Occidental Permian Ltd.
 P.O. Box 5020
 Midland, TX 79710

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6392

COMPLETE THIS SECTION ON DELIVERY

A. Signature x R. M. Tucker ☐ Agent ☐ Addressee
 B. Received by (Printed Name) R. M. Tucker C. Date of Delivery 5.6.10
 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

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 (Domestic Mail Only; No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ 5.00
 Certified Fee 2.80
 Return Receipt Fee (Endorsement Required) 2.30
 Restricted Delivery Fee (Endorsement Required)
 Total 10.10

Patty Adams
 309 Oakwood Ave.
 East Peoria, IL 61611

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:

Patty Adams
 309 Oakwood Ave.
 East Peoria, IL 61611

A. Signature x Bob LaValle ☐ Agent ☐ Addressee
 B. Received by (Printed Name) Bob LaValle C. Date of Delivery 5-8-10
 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

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 6378

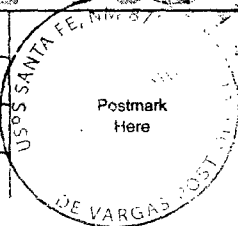
PS Form 3800, August 2005

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

OFFICIAL USE

Postage \$ **5.00**
 Certified Fee **2.80**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)



Peggy F. Henrie
 111 Columbia SE
 Albuquerque, NM 87106

PS Form 3800, August 2006

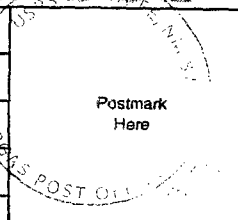
See Reverse for Instructions

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

OFFICIAL USE

Postage \$ **5.00**
 Certified Fee **2.80**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)



Peter Argoudelis
 707 W. Santa Ann St., Apt. 269
 Anaheim, CA 92805

PS Form 3800, August 2006

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 \$ **5.00**
 Certified Fee **2.80**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ **10.10**

SENDER

- 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:

Phyllis Ann Walker
 4705 N.W. 82nd Terrace
 Kansas City, MO 64151

2. Article Number
 (Transfer from service label)

ACTION ON DELIVERY

A. Signature **x P. Ann Walker**
 B. Received by (Printed Name) C. Date of Delivery **5/6**

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

Sent To

Phyllis Ann Walk
 4705 N.W. 82nd T
 Kansas City, MO

7006 2760 0001 6379 7221

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Returned

Returned

7006 2760 0001 6379 7214

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Phyllis Inez Ireland
 2112 Milburn Ave.
 Odessa, TX 79761

Postmark Here

or instructions

7006 2760 0001 6379 7238

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Sent to:
 Piyush V. Patel and Meena Patel
 Family Trust
 25 Village Cir.
 Midland, TX 79701

Postmark Here

or instructions

Returned

7006 2760 0001 6379 7245

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Playtime, Inc.
 250 Sterling Ave.
 Winter Park, FL 32789-5747

Postmark Here

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:

Playtime, Inc.
 250 Sterling Ave.
 Winter Park, FL 32789-5747

2. Article Number
 (Transfer from service label)

ADDRESSEE: COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery 5/6/10
B. Received by (Printed Name) J. Nuckley	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6379 7245

7006 2760 0001 6379 7252

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Quimex International, Inc.
 P.O. Box 2662
 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6379 7269

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Richard D. Green, Jr.
 3809 4th Avenue
 South Milwaukee, WI 53172

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:

Richard D. Green, Jr.
 3809 4th Avenue
 South Milwaukee, WI 53172

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

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

Richard D. Green, Jr.

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

MAY 10 2010

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 2760 0001 6379 7269

Domestic Return Receipt

15-02-M-1540

7006 2760 0001 6379 7276

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Richard D. Green, Sr.
 P.O. Box 373
 Clumbia Falls MT 59912

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6379 7283

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

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Rita Schnedar, Trustee of the
Schnedar 1998 Trust c/o William J.
Schnedar
2007 S. Penn
Roswell, NM 88203

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:

Rita Schnedar, Trustee of the
Schnedar 1998 Trust c/o William J.
Schnedar
2007 S. Penn
Roswell, NM 88203

2. Article Number
(Transfer from service label)

7006 2760 0001 6379 7283

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>x Zedie Schnedar</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Zedie Schnedar</i>	C. Date of Delivery <i>5-4-10</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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	

7006 2760 0001 6379 6354

PS Form 3800, August 2006
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Rita Van Stone
Rt. 1, Box 620
Conway, MO 65632-9614

Postmark
Here

Returned

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6379 6347

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

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

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Robert L. Love
1110 Nambe,
Hobbs, NM 88240

Postmark
Here

Returned

PS Form 3800, August 2006

See Reverse for Instructions

7006 2760 0001 6379 7290

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark Here

Sent to:
 Robyn Mauser
 2907 N. Platina
 Mesa, AZ 85215

Instructions

7006 2760 0001 6379 7306

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark Here

Sent to:
 Ronald Miles and Patricia E. Miles
 2805 Coronado Dr.
 Roswell, NM 88201

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:

Ronald Miles and Patricia E. Miles
 2805 Coronado Dr.
 Roswell, NM 88201

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ronald Miles* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Ronald Miles* ☐ Agent ☐ Addressee

C. Date of Delivery *MAY 1 2001*

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

7006 2760 0001 6379 7313

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark Here

Sent to:
 Roy Davenport
 Rt. 6, Box 923
 Cleburne, TX 76031

Instructions

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Returned

7006 2760 0001 6379 4534

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

For delivery information visit our website

Postage \$ 5.00

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 10.10

Roy G. Barton, Jr.
 1919 N. Turner St.
 Hobbs, NM 88241

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:

Roy G. Barton, Jr.
 1919 N. Turner St.
 Hobbs, NM 88241

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
 X Brenda Stewart

B. Received by (Printed Name) Brenda Stewart C. Date of Delivery 5-10-10

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

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

2. Article Number
 (Transfer from service label)

7006 2760 0001 6379 4534

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

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

For delivery information visit our website

Postage \$ 5.00

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 10.10

Roy G. Barton a/k/a Gorge
 Trustee of the Roy G. Barton
 Barton Revocable Trust u/t/
 1/28/1982
 1919 N. Turner
 Hobbs, NM 88241

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:

Roy G. Barton a/k/a Gorge Barton,
 Trustee of the Roy G. Barton & Opal
 Barton Revocable Trust u/t/a dated
 1/28/1982
 1919 N. Turner
 Hobbs, NM 88241

A. Signature ☐ Agent ☒ Addressee
 X Brenda Stewart

B. Received by (Printed Name) Brenda Stewart C. Date of Delivery 5-4-10

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

SENDER

- 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:

Rudd Family Trust
 P.O. Box 1719
 Amarillo, TX 79159

A. Signature ☐ Agent ☒ Addressee
 X Robert S. Rudd

B. Received by (Printed Name) Robert S. Rudd 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)

7006 2760 0001 6379 7337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Rudd Family Trust
 P.O. Box 1719
 Amarillo, TX 79159

7006 2760 0001 6379 7320

7006 2760 0001 6379 7337

7006 2760 0001 6379 7344

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

OFFICIAL USE

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Postmark Here

Russell A. Green
 6104 Colfax Ave.
 North Hollywood, CA 91606

For Instructions

7006 2760 0001 6379 7351

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

Ruth L. Shields a/k/a Ruth L. Shields, individually and as of the Love Family Trust
 u/t/a dtd 4/24/97
 2103 Geraldine
 Midland, TX 79707

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:

Ruth L. Shields a/k/a Ruth Love Shields, individually and as Trustee of the Love Family Trust
 u/t/a dtd 4/24/97
 2103 Geraldine
 Midland, TX 79707

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ruth Shields* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *5/7/00*

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

7006 2760 0001 6379 7368

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Scott Phillips Hutchin
 127 Jory Drive
 Owens Cross Roads, AL 35763

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:

Scott Phillips Hutchin
 127 Jory Drive
 Owens Cross Roads, AL 35763

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Scott Hutchins* ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery *5-6-10*

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

7006 2760 0001 6379 7375

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Send

To
or F
City
 Sherry L. Green
 172 Golden Russett Dr.
 Lincoln, VA 22642

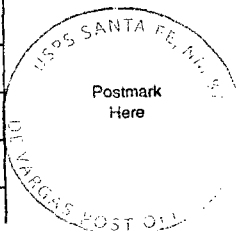
PS

Instructions

7006 2760 0001 6379 7399

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10



Send

To
or P
City
 Sotirios Rallis
 3659 Calle Pino NE
 Albuquerque, NM 87111

PS

Instructions

7006 2760 0001 6379 7405

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	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$10.10

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

- 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:

 Ted W. Phillips, Jr.
 P.O. Box 487
 Rye, CO 81069

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7405

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ted W. Phillips

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ted W. Phillips

C. Date of Delivery

5/3

D. Is delivery address different from item 1? ☐ YesIf 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
 Ted W. Phillips, Jr.
 P.O. Box 487
 Rye, CO 81069

7006 2760 0001 6379 7412

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Teddy L. Hartley
P.O. Box 309
Clovis, NM 88102-0309

SENDER: COMPLETION

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:

Teddy L. Hartley
P.O. Box 309
Clovis, NM 88102-0309

2. Article Number (Transfer from service label) **7006 2760 0001 6379 7412**

IN DELIVERY

A. Signature ☒ Agent ☐ Addressee
X *Teddy L. Hartley*

B. Received by (Printed Name) C. Date of Delivery
TEDDY HARTLEY *5/10*

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

7006 2760 0001 6379 7429

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Texas Scottish Rite Hospital for Crippled Children
2222 Welborn Street
Dallas, TX 75219

SENDER: COMPLETION

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:

Texas Scottish Rite Hospital for Crippled Children
2222 Welborn Street
Dallas, TX 75219

2. Article Number **7006 2760 0001 6379 7429**

IN DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *Gonzalez*

B. Received by (Printed Name) C. Date of Delivery
Nathan *5-6-10*

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

SENDER: COMPLETION

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:

TLW Investments, L.L.C.
ATTN: Doug black
100 Fannin, Ste. 2020
Houston, TX 77002

2. Article Number **7006 2760 0001 6379 7436**

SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
X *PKL...*

B. Received by (Printed Name) C. Date of Delivery
PKL... *5/4/10*

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

7006 2760 0001 6379 7436

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

OFFICIAL

Postage	\$ 5.00
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

TLW Investments, L.L.C.
ATTN: Doug black
100 Fannin, Ste. 2020
Houston, TX 77002

2760 0001 6379 7443

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

For delivery information visit our web

OFFICIAL

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 10.10

Trajan Development Co.
P.O. Box 16007
Oklahoma City, OK 73113

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:

Trajan Development Co.
P.O. Box 16007
Oklahoma City, OK 73113

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery MAY - 5 2010

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from se 7006 2760 0001 6379 7443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 7443

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

For delivery information visit our web

OFFICIAL

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 10.10

Sent Vicki Lynn Hobbs Cal
Berry Lee Hobbs, A-I
P.O. Box 152
City Lovington, NM 88260

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:

Vicki Lynn Hobbs Calkins c/o
Berry Lee Hobbs, A-I-F
P.O. Box 152
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery MAY - 5 2010

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from serv

7006 2760 0001 6379 7450

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6379 7450

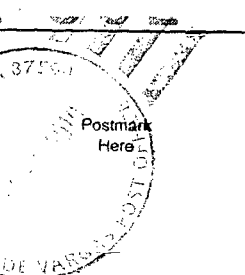
U.S. Postal Service™
CERTIFIED MAIL™
(Domestic Mail Only; No Insurance)

For delivery information visit our web

OFFICIAL

Postage \$ 5.00
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 10.10

Virgil M. Shinn
5724 N Avenue
Carmichael, CA 95608



Refused

Instructions

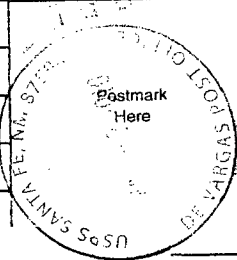
7006 2760 0001 6379 7474

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 \$ **5.00**
 Certified Fee **2.80**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees **\$10.10**



Sen. W.B. Phillips
 W. Starr Rt., Box 742
 Lovington, NM 88260

Returned

U.S. Postal Service™
CERTIFIED MAIL™ REC
 (Domestic Mail Only, No Insurance C

For delivery information visit our website

OFFICIAL

Postage \$ **5.00**
 Certified Fee **2.80**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees **\$10.10**

Walter A. Moeller c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 153
 Lovington, NM 88260

SENDER: COMPLETE

- 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:

Walter A. Moeller c/o Berry Lee
 Hobbs, A-I-F
 P.O. Box 153
 Lovington, NM 88260

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7481

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DELIVERY

A. Signature *Sandi Bracy* ☐ 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

U.S. Postal Service™
CERTIFIED MAIL™ RE
 (Domestic Mail Only, No Insurance C

For delivery information visit our website

OFFICIAL

Postage \$ **5.00**
 Certified Fee **2.80**
 Return Receipt Fee (Endorsement Required) **2.30**
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Sen. Wayne A. Bissett
 P.O. Box 2101
 Midland, TX 79702

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:

Wayne A. Bissett
 P.O. Box 2101
 Midland, TX 79702

2. Article Number

(Transfer from service label)

7006 2760 0001 6379 7498

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DELIVERY

A. Signature *Wayne A. Bissett* ☐ 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 ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2760 0001 6379 7504

U.S. Postal Service™ CERTIFIED MAIL™ (Domestic Mail Only; No Insurance) For delivery information, visit our website.		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.		DELIVERY A. Signature <i>Judie Schneider</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Judie Schneider</i> C. Date of Delivery <i>5-4-10</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Postage	\$ 5.00	1. Article Addressed to:		3. Service Type	
Certified Fee	2.80	William J Schnedar 2007 Penn St. Roswell, NM 88203		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Return Receipt Fee (Endorsement Required)	2.30			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees	\$ 10.10				
		2. Article Number (Transfer from service label)		7006 2760 0001 6379 7504	
		PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

William J Schnedar
2007 Penn St.
Roswell, NM 88203

7006 2760 0001 6379 4435

U.S. Postal Service™ CERTIFIED MAIL™ (Domestic Mail Only; No Insurance) For delivery information, visit our website.		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.		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Clarissa Luna</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>CLARISSA LUNA</i> C. Date of Delivery <i>MAY 04 2010</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Postage	\$ 5.00	1. Article Addressed to:		3. Service Type	
Certified Fee	2.80	Yates Drilling Company 105 South 4 th St. Artesia, NM 88210		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Return Receipt Fee (Endorsement Required)	2.30			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees	\$ 10.10				
		2. Article Number (Transfer from service label)		7006 2760 0001 6379 4435	
		PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

Yates Drilling Company
105 South 4th St.
Artesia, NM 88210

7006 2760 0001 6379 4442

U.S. Postal Service™ CERTIFIED MAIL™ (Domestic Mail Only; No Insurance) For delivery information, visit our website.		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.		COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Clarissa Luna</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>CLARISSA LUNA</i> C. Date of Delivery <i>MAY 04 2010</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
Postage	\$ 5.00	1. Article Addressed to:		3. Service Type	
Certified Fee	2.80	Yates Petroleum Corporation 105 South 4 th St. Artesia, NM 88210		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Return Receipt Fee (Endorsement Required)	2.30			4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees	\$ 10.10				
		2. Article Number (Transfer from service label)		7006 2760 0001 6379 4442	
		PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

Yates Petroleum Corporation
105 South 4th St.
Artesia, NM 88210