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

APPLICATION OF OCCIDENTAL PERMIAN LIMITED PARTNERSHIP ("OXY") TO AMEND DIVISION ORDER R-6199 CONCERNING THE EXPANSION OF ITS NORTH HOBBS GRAYBURG-SAN ANDRES PRESSURE MAINTENANCE PROJECT, INCLUDING **OUALIFYING FOR THE RECOVERED OIL** TAX RATE, LEA COUNTY, NEW MEXICO

CASE 12722

CERTIFICATE OF MAILING AND **COMPLIANCE WITH ORDER R-8054**

STATE OF NEW MEXICO) COUNTY OF SANTA FE

Richard E. Foppiano, being first duly sworn, hereby certifies that he is a petroleum engineer and senior advisor, regulatory affairs, for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on August 15, 2001, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing and a copy of the application for the above referenced case, at least twenty days prior to the hearing of this case set for September 6, 2001, to the parties shown in said application and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

SUBSCRIBED AND SWORN to before me this 4th day of September, 2001, by Lynda Kellahin. BEFORE THE

OIL CONSERVATION DIVISION

Case No. 12722 Exhibit No. _______

Submitted By:

OFFICIAL SEAL oxy Permian LP

Lynda Kellahin, Notary Public

Lynda Kellahin Hearing Date: September 6, 2001 NOTARY PUBLIC

My Commission Expires:

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW
EL PATIO BUILDING
II7 NORTH GUADALUPE
POST OFFICE BOX 2265

SANTA FE. NEW MEXICO 87504-2265

JASON KELLAHIN (RETIRED 1991)

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION RECOGNIZED SPECIALIST IN THE AREA OF NATURAL RESOURCES-DIL AND GAS LAW

W. THOMAS KELLAHIN

August 15, 2001

TELEPHONE (505) 982-4285 TELEFAX (505) 982-2047

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

TO: NOTICE OF THE HEARING OF THE FOLLOWING NEW MEXICO OIL CONSERVATION DIVISION CASE:

Re: Application of Occidental Permian Limited Partnership to authorize the expansion of the North Hobbs Grayburg-San Andres Unit Pressure Maintenance Project and other Relief, Lea County, New Mexico

On behalf of Occidental Permian Limited Partnership, please find enclosed a copy of our referenced application which will be heard by the New Mexico Oil Conservation Division Examiner at 8:15 AM on September 6, 2001. The hearing will be held at the Division hearing room located in the Pinon Building, 1220 South St. Francis Drive, Santa Fe, New Mexico, 87505 (phone 505-476-3440).

As a party who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. You are not required to attend this hearing, but failure to appear at the hearing and become a party of record will preclude you from challenging the matter at a later date.

Pursuant to Division Rule 1208.B, you are further notified that if you desire to appear in this case, then you are required to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, August 31, 2001, with a copy delivered to the undersigned. This statement must include: the names of the parties and attorneys; a concise statement of your position in this case; the names of all witnesses you will call to testify at the hearing; the approximate time you will need to present your case and identification of any procedural matters that area to be resolve prior to the hearing.

Komas Kellahin

C-108 Notice List

Surface Owners

Alton W. Howell 1811 Bensing Rd Hobbs, NM 88240 Frankie J. Birdsell P.O. Box 891 Hobbs, NM 88240 Jorge Velasquez 1831 Bensing Hobbs, NM 88240

Ann M. Kirk 3701 W. Bender Blvd. Hobbs, NM 88240 Gary L. Jones P.O. Box 1786 Hobbs, NM 88040 Leonard Caffey 625 E. Mesa Hobbs, NM 88240

Armstrong Construction Company P.O. Box 1873 Roswell, NM 88201 Grimes Land Company, Ltd. Co. P.O. Box 5102 Hobbs, NM 88241 Leonard E. Stansberry 2131 N. Carr Lane Hobbs, NM 88240

Billy L. Hoyl 6031 Archwood San Antonio. TX 78239 Hugh Davis 1823 Gary Lane Hobbs, NM 88240 Lisa Moore & Wylie Swiney 1812 gary Lane Hobbs, NM 88240

Carl L. Smelcer 1909 E. Kansas Hobbs, NM 88240 James Ray Serviss 20 Redwing Terrace N. Falmouth, MA 02556 Patsy L. Kerbo P.O. Box 1813 Hobbs, NM 88241

Carlton D. Slaughter 1733 Bensing Rd Hobbs, NM 88240 Jerry L. Berry 200 Cottrell Lane Hobbs, NM 88240 R. V. Kerbo P.O. Box 1813 Hobbs, NM 88241

Cecil J. Taylor c/o Flora B. Davis 2525 N. Bensing Hobbs, NM 88240 Jerry T. Burkett 1903 Gary Lane Hobbs, NM 88240 R.V. & Patsy L. Kerbo 1800 Gary Lane Hobbs, NM 88240

Charles and Sally Seed Trust 4721 Lovington Highway Hobbs, NM 88240 Jody Powers 1916 Carr Lane Hobbs, NM 88240 Ronaldo F. Montoya 526 Christine Las Vegas, NM 87701

DMMT, Inc. P.O. Box 1461 Hobbs, NM 88240 Joe B. Conaway Trust 3919 W. Bender Hobbs, NM 88240 Smith & Sons Construction/Welding Inc. 2705 W. County Rd Hobbs, NM 88240

Eloise H. Schubert c/o Grimes Land Co. P.O. Box 5102 Hobbs, NM 88241 Johnny P. & Lisa M. Brown P.O. Box 1033 Brunswick, ME 04011 Southwest Supply Ltd P.O. Box 2488 Hobbs, NM 88241

C-108 Notice List

Surface Owners

State of New Mexico 310 Old Santa Fe Trail Santa Fe, NM 87504

Virgil Wittman 1902 N. Gary Lane Hobbs, NM 88240

W.A. Cox 1811 Gary Lane Hobbs, NM 88240

William Grimes Maddox c/o RM&S Enterprises 419 E. Arriba Hobbs, NM 88240

C-108 Notice List

Offset Operators and Others

Jimmy Roberson Energy PO Box 729 Benton, LA 71006

Dwight A. Tipton PO Box 1597 Lovington, NM 88260-1597

Yale E. Key (Truckers Brine Station) PO Box 2040 Hobbs, NM 88241

Saga Petroleum 415 W. Wall St, STE 835 Midland TX 79701

Texland Petroleum 777 Taylor St, STE 102 Fort Worth, TX 76102

Conoco 10 Desta Drive, STE 100W Midland, TX 79705

Brothers Production Co. PO Box 7515 Midland, TX 79708-7515

Texaco PO Box 3109 Midland, TX 79702

Robinson Oil PO Box 1829 Eunice, NM 88231

Bureau of Land Management Roswell District Office 2909 West Second Street Roswell, NM 88201

Oil Conservation Division Hobbs District Office 1625 N. French Drive Hobbs, NM 88240 Techsys Resources PO Box 19465 Houston, TX

Ralph Bruton 8200 Brookriver Drive, STE 610 Dallas, TX 75247-4069

Rice Operating 122 W. Taylor Hobbs, NM 88240

Burleson PO Box 2479 Midland, TX 79702-2479

Marcum Drilling PO Box 3699 Midland, TX 79702-3699

Plains Marketing 10 Desta Drive, STE 200 Midland, TX 79705

Apache 2000 Post Oak Blvd, STE 100 Houston, TX 77056-4400

HRC Inc PO Box 5102 Hobbs, NM 88241

State of New Mexico Commissioner of Public Lands P. O. Box 1148 Santa Fe, NM 87504-1148

| SENDED: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Deliv. |
| 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, | 1 | 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 | C. Signafure |
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| Bureau Of Land Management Roswell District Office | | Armstrong Construction Company | 1 88 2 A A A A A A A A A A A A A A A A A |
| 2909 West Second St. Roswell, NM 88201 | 3. Service Type 12 Certified Mail | Roswell, NM 88201 | D Express Mail |
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| <u>δ</u> 4 | 3. Service Type P Certified Mail | 6031 Archwood San Antonio, TX 78239 | 3. Service Type Certified Mail |
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| | A. Received by (Please Print Clearly) C. Signature X (1,1) D. Is delivery address different from Item 1? Ves. It YES, enter delivery address below: No | 3. Service Type Certified Mail | / 0320, 000,2 0354 9324 Domestic Return Receipt 1111 02595-01-M-1424 | C. Signature X. M. A. M. M. M. M. M. M. M. M. Addressee D. Is delivery address different from item 1? W. Service Type W. Certified Mail W. Begistered W. Begistered W. Begistered W. Bestricted Delivery? (Extra Fee) W. Restricted Del | 6 320 0002 0354 9299 c Return Receipt 102595-01-M-1424 |
| SENDED. COMMERCE STATES | ■ Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also 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 mallpiece, or on the front if space permits. 1. Article Addressed to: | P.O. Box 1786 Hobbs, NM 88040 | Article Number (Transfer from service label) 700/ 03 S Form 3811, March 2001 Domestic Re | Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also 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. Article Addressed to: Ohnny P. & Lisa M. Brown P.O. Box 1033 Brunswick, ME 04011 | Article Number (Transfer from service label) 700/ 8320 0 |

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| Santa Fe, NM 87504 | 3. Service Type E. Certified Mail | Las Vegas, NM 87701 | 3. Service Type Go Certified Mail □ Express Mail □ Registered Go Return Receipt for Merchandis: □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes |
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| Carlton D. Slaughter 1733 Bensing Rd ⊟obbs, NM 88240 | 3. Service Type Certified Mail | Eloise H. Schubert c/o Grimes Land Co. P.O. Box 5102 Hobbs, NM 88241 | 3. Service Type Cartified Mail Express Mail Registered Return Receipt for Merchandise C.O.D. Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes |
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| and Petroleum Taylor ST, STE 102 Worth TX 76102 | 3. Service Type Certified Mail | Alton W. Howell 1811 Bensing Rd Hobbs, NM 88240 | 3. Service Type A Certified Mail |
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| larcum Drilling | Nid To 30 Celorales | Jerry T. Burkett 1903 Gary Lane | |
| ाand, TX 79702-3699 | pe d Mail ared | Hobbs, NM 88240 | 3. Service Type Express Mail Express Mail Criffied Mail Express Mail Registered EReturn Receipt for Merchandse Insured Mail C.O.D. |
| | ery? | | 4. Restricted Delivery? (Extra Fee) |
| Article Number Transfer from sequice label) : ::: 7007 : 0320 : 000 2 | 0002 0354 90)) | 2. Article Number (Transfer from service label) 7001 0,320 0002 | 0 000 0354 4329 |
| 1 | Domestic Return Receipt 102595-01-M-1424 | PS Form 3811, March 2001 Domestic Return Receipt | urn Receipt 102595-01-M-14 |
| ENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also 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 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 orr the front if space permits. | |
| Article Addressed to: | D. Is delivery address different from iten 1 ☐ Yes If YES, enter delivery address below: ☐ No | 1. Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| Lisa Moore & Wylie Swiney 1812 gary Lane | | Frankie J. Birdsell P.O. Box 891 | |
| Hobbs, NM 88240 | 3. Service Type ■ Certified Mail □ Express Mail □ Registered ■ Return Receipt for Merchandise □ Insured Mail □ C.O.D. | Hobbs, NM 88240 | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) | | 4. Restricted Delivery? (Extra Fee) |
| ticle Number Tansfel frégin seivice lébel) 200 03:25 000 2 | 0002 6354 9251 | 2. Article Number (Transfer from service label), 700/ 0320 0002 | 0002 0554 9381 |

Domestic Return Receipt

PS Form 3811, March 2001

102595-01-17-1424

Domestic Return Receipt

Form 3811, March 2001

| A. Received by (Please Print Clearly) C. Signature X Mulic Learner Date of Delivery C. Signature X Mulic Learner Date of Delivery B. Section Date of Delivery C. Signature X Mulic Learner Date of Delivery Reserved B. Is delivery address different from item 17 Ves If YES, enter delivery address below: No | 3. Service Type B Certified Mail | 0320 10002 0354 9/4 5 nestic Return Receipt | COMPLETE THIS SECTION ON DELIVERY | A. Received by (Please Print Clearly) B_Bate of Delive: C. Signature ☐ Agent A Addresse- | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No | 3. Service Type Certified Mail | 2 0354 9138 |
|--|--|---|-----------------------------------|--|--|-----------------------------------|---|
| 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. | Yale E. Key (Truckers Brine Station) P.O. Box 2040 Hobbs NM 88241 | 2. Article Number (Transfer from service label), 7001 0320 06 PS Form 3811, March 2001 Domestic Return Receipt | 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. | Article Addressed to: Ralph Bruton 8200 Brookriver Drive STE 610 | Dallas, Tx 75247-4069 | 2. Article Number (Transfer from service label) 700/ 0320 000 PS Form 3811, March 2001 Domestic Return Receipt |
| A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) C. Signature X. R. R. R. R. R. R. R. R. Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No | 3. Service Type (2) Certified Mail | ~ | LETE THIS SECTION ON DELIN | | * | 3. Service Type © Certified Mail | 0320 000 2 0354 92 44 |
| Complete items 1, 2, and 3. Also complete item 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. | R. V. Kerbo P.O. Box 1813 Hobbs, NM 88241 | Article Number (Transfer from service label) アウウ (O32,O のつい) (Transfer from service label) アウウ (Domestic Return Receipt P.3 Form 3811, March 2001 | SENDER: COMPLETE THIS SECTION | Complete items 1, z, 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: Patsy L. Kerbo P.O. Box 1813 | Hobbs, NM 88241 | 2. Article Number (Transfer from Service label) (200/ 0520 000 2 PS Form 3811, March 2001 Domestic Return Receipt |

| A. Received by (Please Print Clearly) B. Date of Derivery Arokal Condition on Delivery Signature C. Signature C. Signature D. Is delivery address Sufferent from item 1? If YES, enter delivery address below: If YES, enter delivery add | 3. Service Type Certified Mail | 2 0, 000 2 0354 (2003) turn Receipt 102595-01-M-1424 | A. Baceived by (Please Print Clearly) C. Signeture X | 3. Service Type a Certified Mail |
|--|---|---|---|--|
| 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 raturn the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | Robinson Oil P.O. Box 1829 Eunice, NM 88231 | 2. Article Number (fransfer from; service label) 1,7007 032 0; 000 2 PS Form 3811, March 2001 Domestic Return Receipt CENIDED: COMPLETE THIS SECTION | | 2. Article Number (Transfer from service label) 700/ |
| A. Received by (Please Print Clearly) C. Signature C. Signature D. Is delivery address different from item 1? H. YES, enter delivery address below: D. No | 3. Service Type E. Certified Mail Express Mail Registered E. Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) | 0354 9220 102595-01-M-1424 E THIS SECTION ON DELIVERY | A. Received by (Please Print Clearly) C. Signature X. Clear of Clearly B. Date of Delivery A Clear of Clear of Clear D. Addressee D. Is delivery address different from item 1? D. Yes If YES, enter delivery address below: D. No | 1 Service Type B Certified Mail |
| Sander: complete tems 1, 2, and 3. Also 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. | R.V. & Patsy L. Kerbo 1800 Gary Lane Hobbs, NM 88240 | Transfer from service (abel) (2007) (1) (32,01) (00.2). Form 3811, March 2001 Domestic Return Receipt 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. Article Addressed to: | Article Number (Transfel frequipespice 1400) 19820 1982 1982 1982 1984 1985 1984 1985 198 |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|--|
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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. | C. Signature X |
| | 1. Article Addressed to: | D. Is delivery address different from item 1? |
| | Virgil Wittman 1902 N. Gary Lane Hobbs, NM 88240 | |
| | | 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| | 2. Article Number (Transfer from service label) 7 170 / 03 20 | 4. Restricted Delivery? (Extra Fee) ☐ Yes 0.0002 0354 8964 |
| | | leturn Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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. | C. Signature |
| | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | William Grimes Maddox c/o RM&S Enterprises 419 E. Arriba | |
| | Hobbs, NM 88240 | 3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) |
| | \ | 320 0002 0354 8971 |
| ; | PS Form 3811, March 2001 Domestic | Return Receipt 102595-01-M-14: |
| 4 | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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. | C. Signature X |
| | Article Addressed to: | If YES, enter delivery address below: |
| i | State of New Mexico 310 Old Santa Fe Trail | |
| | Santa Fe, NM 87504 | 3. Service Type ☑ Certified Mail □ Express Mail □ Registered ☑ Return Receipt for Merchandise □ Insured Mail □ C.O.D. |
| | 2. Article Number | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | (Transfer from service label) 700 / 0320 | 0 6002 635 4 8789 leturn Receipt 102595-01-M-1424 |
| • | PS Form 3811, March 2001 Domestic R | 102393-01-M-1424 |

| | | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee |
| | | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | | Ann M. Kirk 3701 W. Bender Blvd. Hobbs, NM 88240 | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| | | Article Number (Transfer from service label) 7001 032 | 4. Restricted Delivery? (Extra Fee) Yes |
| | | | 0 000 2 0354 9473 Return Receipt 102595-01-M-1424 |
| | | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| i | | 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. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | | Attach this card to the back of the mailpiece, or on the front if space permits. | X Agent Addressee |
| | | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | | Alton W. Howell 1811 Bensing Rd Hobbs, NM 88240 | 3. Service Type A Certified Mail □ Express Mail |
| | | | ☐ Registered Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | | 2. Article Number | 4. Restricted Delivery? (Extra Fee) Yes |
| | | | 20 0002 0354 9480 c Return Receipt 102595-01-M-1424 |
| | . | | |
| | 9 | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | | 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. | C. Signature Agent Addressee D. Is delivery address different from item 17 Yes |
| | | Article Addressed to: | If YES, enter delivery address below: |
| | r | W.A. Cox 1811 Gary Lane Hobbs, NM 88240 | 3. Service Type |
| | | | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| ۱ | į | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |

PS Form 3811, March 2001

Article Number
 (Transfer from service label)

700/ 0320 0007 Domestic Return Receipt

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|--|
| | Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Carl L. Smelcer 1909 E. Kansas | A. Received by (Please Print Clearly) C. Signature X |
| | Hobbs, NM 88240 | S. Service type Certified Mail |
| | 2. Article Number (Transfer from service label) 7001 0320 | 0002 0354 9442 |
| with the completely of the | | leturn Receipt 102595-01-M-1424 |
| | i | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| visudu (si idhi sialausaususususususususususususususususus | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | Billy L. Hoyl 6031 Archwood San Antonio, TX 78239 | 3. Service Type Certified Mail |
| | 2. Article Number (Transfer from service label) 7001 032 | |
| | | 20 0002 0354 9466 tic Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | so that we can return the card to you. Attach this card to the back of the mailpiece | e, Agent |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? |
| | Armstrong Construction Company P.O. Box 1873 Roswell, NM 88201 | 3. Service Type Certified Mail |
| | DO E 0044 | 20 0002 0354 9466 estic Return Receipt 102595-01-M-1424 |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, | X Addressee |
| | or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| | Article Addressed to: | If YES, enter delivery address below: |
| | Charles and Sally Seed Trust | |
| 100 | 4721 Lovington Highway | 3. Service Type |
| sericolisticantals | Hobbs, NM 88240 | Certified Mail |
| 11 11 11 11 11 11 11 11 11 11 11 11 11 | | Registered Receipt for Merchandise |
| | | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number | |
| | (Transfer from service label) 700[03] | 20 0002 0354 9411 |
| a vitabledier idante irol | PS Form 3811, March 2001 Domestic | Return Receipt 102595-01-M-142 |
| and the second Land | | |
| | SENDED, COMPLETE THE SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete | A. Received by (Please Print Clearly) B. Date of Delivery |
| delister e ura | item 4 if Restricted Delivery is desired. Print your name and address on the reverse | |
| | so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | X Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? |
| | 1. Article Addressed to. | If YES, enter delivery address below: |
| | Cool I Toylor | |
| | Cecil J. Taylor c/o Flora B. Davis | ((|
| | 2525 N. Bensing | |
| | Hobbs, NM 88240 | 3. Service Type |
| 5086630000000000000000000000000000000000 | 110000,11111 00210 | |
| | : : | ☐ Insured Mail ☐ C.O.D. |
| | 1 | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number | |
| | | 5 0002 0354 9428 |
| | PS Form 3811, March 2001 Domestic F | Return Receipt 102595-01-M-1424 |
| | | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | | A. Received by (Please Print Clearly) B. Date of Delivery |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Neceived by (Flease Film Clearly) |
| ete etters greiff for kommune et en et en et en | Print your name and address on the reverse | C. Signature |
| | so that we can return the card to you. Attach this card to the back of the mailpiece, | ☐ Agent |
| | or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| | Article Addressed to: | If YES, enter delivery address below: |
| | | |
| | | |
| | Carlton D. Slaughter | ! |
| | 1733 Bensing Rd | 3. Service Type |
| | Hobbs, NM 88240 | 3. Service Type X Certified Mail Express Mail |
| | | ☐ Registered |
| · 特別的 · 因為對於實際的 | | ☐ Insured Mail ☐ C.O.D. |
| · 智慧· 17 年 1 | | 4. Restricted Delivery? (Extra Fee) Yes |
| | 2. Article Number (Transfer from service label) 7001 0320 | 0002 0354 9435 |
| | | |
| | PS Form 3811, March 2001 Domestic Re | eturn Receipt 102595-01-M-1424 |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---------------------------|--|--|
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| | Frankie J. Birdsell P.O. Box 891 Hobbs, NM 88240 | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| The Triple was proportion | 2. Article Number (Transfer from service label) 700 / 032 PS Form 3811, March 2001 Domestic Re | 4. Restricted Delivery? (Extra Fee) Yes 20 0002 0354 938/ Peturn Receipt 102595-01-M-1424 |
| | 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 | COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | 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: | X |
| | Eloise H. Schubert c/o Grimes Land Co. P.O. Box 5102 Hobbs, NM 88241 | 3. Service Type SC Certified Mail |
| | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 7001 0320 PS Form 3811, March 2001 Domestic R | 0002 0354 9398 Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. | A. Received by (Please Print Clearly) B. Date of Deliver C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: | X Agent Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | DMMT, Inc. P.O. Box 1461 Hobbs, NM 88240 | 3. Service Type |
| | | Registered Mail |
| | 2. Article Number | 22.0 mm 2.7 27.1 911.11 |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | Hugh Davis 1823 Gary Lane Hobbs, NM 88240 | 3. Service Type |
| | 110003, 1401 00240 | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 700/ 0320 | 0002 0354 9350 |
| | PS Form 3811, March 2001 Domestic Re | sturn Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| 100 | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| AND SECTION OF THE SE | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | X Addressee |
| | 1. Article Addressed to: Grimes Land Company, Ltd. Co. P.O. Box 5102 | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | Hobbs, NM 88241 | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 700/ 03 | 20 0002 0354 9367 |
| | | teturn Receipt 102595-01-M-142 |
| i isan | : | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Deliver |
| | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | X Addresse |
| | 1. Article Addressed to: | D. Is delivery address different from item 1? |
| | Gary L. Jones P.O. Box 1786 | |
| | Hobbs, NM 88040 | 3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandis □ Insured Mail □ C.O.D. |
| | · | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 700/ 0 | 320 0002 0354 93>4 |
| | | Return Receipt 102595-01-M-1 |

| 7429 45 81488 | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--------------------------------|---|--|
| | Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| | Jerry T. Burkett 1903 Gary Lane Hobbs, NM 88240 | 3. Service Type Mark Certified Mail Express Mail Registered Return Receipt for Merchandise |
| | 2. Article Number | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | (Transfer from service label) 7001 03 | 20 0002 0354 9329 Return Receipt 102595-01-M-14: |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Deliver |
| Best SK HESSHUS SE-1985 | 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. | C. Signature X |
| | Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | Jerry L. Berry 200 Cottrell Lane Hobbs, NM 88240 | 3. Service Type 3. Certified Mail |
| | | □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes |
| | 2. Article Number (Transfer from service label) 700/ 0320 PS Form 3811, March 2001 Domestic I | 0 000 2 0354 9336 Return Receipt 102595-01-M-14 |
| <u> </u> | + | Tetam receipt 102395-014W-14 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | 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. | X Agent |
| | Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | James Ray Serviss 20 Redwing Terrace N. Falmouth, MA 02556 | 3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise |
| | | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2011 | O OOO 2 O 35Y 9343 Return Receipt 102595-01-M-14: |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---------------------------|--|---|
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Johnny P. & Lisa M. Brown P.O. Box 1033 | |
| | Brunswick, ME 04011 | 3. Service Type © Certified Mail |
| | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | | 320 0002 0354 9299 |
| | PS Form 3811, March 2001 Domestic R | Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | X Agent Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Joe B. Conaway Trust 3919 W. Bender Hobbs, NM 88240 | |
| \$18354868 6866655 | 110003, 11111 002 10 | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| 1 | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 7006 032 | |
| | | Return Receipt 102595-01-M-142 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if appear permits. | X Agent |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Jody Powers 1916 Carr Lane | |
| | Hobbs, NM 88240 | 3. Service Type ☑ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. |
| No. of the second | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | | 0 0002 0354 9312 |
| • | PS Form 3811, March 2001 Domestic F | Return Receipt 102595-01-M-142 |

| A CONTRACTOR OF THE PARTY OF TH | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee |
| | Article Addressed to: Leonard E. Stansberry | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | 2131 N. Carr Lane Hobbs, NM 88240 | 3. Service Type Certified Mail |
| | 2. Article Number | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| halifi sagaran in makan masa sa sa sa | (Transfer from service label) 700/ 0320 | 0002 035Y 9263P sturn Receipt 102595-01-M-1424 |
| | | A STATE OF S |
| usudsiistääntsiätäessii sust | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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. | C. Signature Agent Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | Leonard Caffey 625 E. Mesa Hobbs, NM 88240 | 3. Service Type |
| | 110005, 14W 60240 | ■ Certified Mail |
| | 2. Article Number (Transfer from service label) 760(03) | 4. Restricted Delivery? (Extra Fee) ☐ Yes □ 000 2 ○354 9275 |
| | 1010m0011, mass. 200 | Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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. | C. Signature X □ Agent □ Addressee □ Addressee □ D. Is delivery address different from item 1? □ Yes |
| | 1. Article Addressed to: | If YES, enter delivery address below: |
| | Jorge Velasquez 1831 Bensing Hobbs, NM 88240 | 3. Service Type |
| | FIUDDS, INIVI OUZTO | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | | 20 000 2 03 5 4 9 2 8 2 Return Receipt 102595-01-M-1424 |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, | X Agent |
| | or on the front if space permits. | D. Is delivery address different from item 1? |
| | 1. Article Addressed to: | If YES, enter delivery address below: ☐ No |
| | R. V. Kerbo P.O. Box 1813 | |
| | Hobbs, NM 88241 | 3. Service Type |
| MPSM Symples with | | ☐ Certified Mail ☐ Express Mail |
| | | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) |
| Vignos den Mazindina de de | 2. Article Number (Transfer from service label) 700 032 (| 0002 0354 9237 |
| | | Return Receipt 102595-01-M-1424 |
| | 1 5 1 5 1 1 1 Major 2501 | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ************************************** | ■ Complete items 1, 2, and 3. Also complete | A. Received by (Please Print Clearly) B. Date of Delive |
| | item 4 if Restricted Delivery is desired. Print your name and address on the reverse | C. Signature |
| | so that we can return the card to you. Attach this card to the back of the mailpiece, | ☐ Agent |
| | or on the front if space permits. | X Address |
| | 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | | 1 |
| | Patev I Karba | |
| | Patsy L. Kerbo P.O. Box 1813 | |
| tikominima manimini dalah madambilan ada a | Hobbs, NM 88241 | 3. Service Type |
| \$150,000 | | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandi |
| | | ☐ Insured Mail ☐ C.O.D. |
| | · | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 700/ 0320 | 0002 0354 9244 |
| | | c Return Receipt 102595-01-M- |
| | | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| 2000年1月1日 - 1900年1日 - 190 | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Deliv |
| | ■ Print your name and address on the reverse | C. Signature |
| | so that we can return the card to you. Attach this card to the back of the mailpiece, | X Agent |
| | or on the front if space permits. | D. Is delivery address different from item 1? Yes |
| | Article Addressed to: | If YES, enter delivery address below: |
| | Lisa Moora & Wylia Swiney | 11 |
| | Lisa Moore & Wylie Swiney 1812 gary Lane | I |
| | Hobbs, NM 88240 | 3. Service Type |
| | 1.2229, 1.11. 302.10 | Certified Mail Express Mail |
| entra entre entre entre en | i : | ☐ Registered |
| | : | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number | The second of th |
| | | 20 0002 6354 9251 |
| | | tic Return Receipt 102595-01-N |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Smith & Sons Construction/Welding Inc. 2705 W. County Rd Hobbs, NM 88240 | 3. Service Type © Certified Mail |
| | 2. Article Number | 20 0002 0354 9206 |
| | | Leturn Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Received by (Please Print Clearly) B. Date of Delivery |
| eappensing Communication | so that we can return the card to you. Attach this card to the back of the mailpiece, | C. Signature X |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | Ronaldo F. Montoya 526 Christine | : |
| | Las Vegas, NM 87701 | 3. Service Type Certified Mail |
| | 2. Article Number | |
| | | 20 0002 035Y 9213 Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | |
| | Complete items 1, 2, and 3. Also complete | A. Received by (Please Print Clearly) B. Date of Delivery |
| | item 4 if Restricted Delivery is desired. Print your name and address on the reverse | C. Signature |
| | 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. | X |
| | Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | R.V. & Patsy L. Kerbo 1800 Gary Lane Hobbs, NM 88240 | |
| | | 3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 2. Article Number | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| ** | (Transfer from service label) 700/ 0320 | 0002 0354 9220 |
| | PS Form 3811, March 2001 Domestic Re | eturn Receipt 102595-01-M-1424 |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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: Oil Conservation Division Hobbs District Office 1625 N. French Drive Hobbs NM 88240 2. Article Number | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| (Transfer from service label) 700/ 032 | 20 0002 035Y 9.176 Teturn Receipt 102595-01-M-142 |
| 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 | COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery |
| 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: Jimmy Roberson Energy | C. Signature X |
| P.O. Box 729 Benton,LA 71006 | 3. Service Type Certified Mail |
| | 26 0002 0354 9183 Return Receipt 102595-01-M-14 |
| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Deliver |
| 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. Article Addressed to: | C. Signature X |
| Southwest Supply Ltd P.O. Box 2488 Hobbs, NM 88241 | 3. Service Type Certified Mail |
| 2. Article Number (Transfer from service label) 700 / 032 | 4. Restricted Delivery? (Extra Fee) |

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| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | X ☐ Agent ☐ Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? |
| and the second s | Volo F. K. | |
| | Yale E. Key (Truckers Brine Station) | |
| en interior | P.O. Box 2040 Hobbs NM 88241 | |
| | 110005 NIM 00241 | 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 | 4. House Don't J. Hou |
| | (Transfer from service label) 700/ 032 | 0 0002 0354 9145 |
| | PS Form 3811, March 2001 Domestic R | eturn Receipt 102595-01-M-1424 |
| | | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| KK CAT (SUMBANING PROPERTY) | Print your name and address on the reverse so that we can return the card to you. | C. Signature ☐ Agent |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | X Addressee |
| | Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| | | |
| | Techsys Resources | |
| | P.O. Box 19465 | |
| Total Charles and the second of the second o | Houston, TX | 3. Service Type Gertified Mail Express Mail |
| | | ☐ Registered ☐ Return Receipt for Merchandise |
| Charles Services | | ☐ Insured Mail ☐ C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) |
| ini asalista (alias) | 2. Article Number (Transfer from service label) 700/ 0320 | 0002 0354 9169 |
| | PS Form 3811, March 2001 Domestic Retu | |
| | | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, | X Agent |
| | or on the front if space permits. | D. Is delivery address different from item 1? |
| | Article Addressed to: | If YES, enter delivery address below: No |
| | Dwight A. Tipton | |
| 1 | P.O. Box 1597 | |
| | Lovington, NM 88260-1597 | 3. Service Type |
| And the | | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise |
| | | ☐ Insured Mail ☐ C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) |
| | 2. Article Number | 9/52 |
| | (Transfer from service label) 700/ 03) | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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: Rice Operating 122 W. Taylor Hobbs, NM 88240 | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| Article Number (Transfer from service label) 700/ 0320 PS Form 3811, March 2001 Domestic Recognitions | 4. Restricted Delivery? (Extra Fee) Yes 0002 035Y 9//Y eturn Receipt 102595-01-M-1424 |
| 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. Article Addressed to: Saga Petrolleum 415 W. Wall St. STE 835 Midland Tx 79701 | COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| Article Number (Transfer from service label) 700/ 632 | 3. Service Type Certified Mail |
| 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. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| Ralph Bruton 8200 Brookriver Drive STE 610 Dallas, Tx 75247-4069 2. Article Number (Transfer from service label) 700/ 037 | 3. Service Type Certified Mail |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | 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, | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Conoco 10 Desta Drive STE 100W Midland, TX 79705 | |
| | | 3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☑ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) |
| | 2. Article Number (Transfer from service label) 700/ 032 | 0 0002 0354 9084 |
| generation section in the section of | i— | Return Receipt 102595-01-M-1424 |
| H iji | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| 14. Talenta | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| - W. S. S. S. S. S. S. S. | Print your name and address on the reverse so that we can return the card to you. | C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | X Addressee |
| | 1. Article Addressed to: | D. Is delivery address different from item 1? |
| | Burleson P.O. Box 2479 Midland, Tx 79702-2479 | 3. Service Type |
| REALIBRATION PROFESSION PARTICIPATION PROFESSION PROF | : | ■ Certified Mail |
| | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 700 032 | 0 0002 0354 9091 |
| | | Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| 中國 時期 明明 (1747年) | 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, | C. Signature |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes |
| | 1. Anicle Addressed to: | If YES, enter delivery address below: No |
| | Texland Petroleum 777 Taylor ST, STE 102 Fort Worth TX 76102 | |
| | | 3. Service Type Certified Mail Registered Return Receipt for Merchandise |
| | : | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 700/ 03 | 20 0002 0354 9107 |
| | PS Form 3811, March 2001 Domestic | Return Receipt 102595-01-M-1424 |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | 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, | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Plains Marketing 10 Desta Drive, STE 200 Midland, TX 79705 | 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise |
| | 2. Article Number | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Ting yaran | | O 0002 0354 9057 eturn Receipt 102595-01-M-142 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| ulis (166 5) ulis (166 5) | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Deliver |
| | 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, | C. Signature |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Brothers Production Co. P.O. Box 7515 | |
| Šķilijas ieseses | Midland TX, 79708-7515 | 3. Service Type Certified Mail Registered Return Receipt for Merchandis C.O.D. |
| | 2. Article Number | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | (Transfer from service label) 700/ 032 | O 0002 0354 9060 Return Receipt 102595-01-M-14 |
| | | |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Marcum Drilling P.O. Box 3699 Midland, TX 79702-3699 | 3. Service Type 2 Certified Mail |
| | | 4. Restricted Delivery? (Extra Fee) |
| | 2. Article Number (Transfer from service label) 700 / 032 C | 0002 0354 90)) |

PS Form 3811, March 2001 Domestic Return Receipt

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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, | C. Signature Agent Addressee |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Robinson Oil P.O. Box 1829 Eunice, NM 88231 | 3. Service Type Certified Mail |
| Y | | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | <u> </u> | 320 0002 0354 garden |
| | PS Form 3811, March 2001 Domestic I | Return Receipt 102595-01-M-142 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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. | C. Signature |
| | Article Addressed to: | D. Is delivery address different from item 1? |
| | Apache 2000 Post Oak Blvd, STE 100 Houston TX 77056-4400 | |
| | | 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | O Add b New has | 4. Restricted Delivery? (Extra Fee) Yes |
| | 2. Article Number (Transfer from service label) 700/ 05 | |
| | PS Form 3811, March 2001 Domestic | Return Receipt 102595-01-M-14 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery |
| | 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, | C. Signature Agent Addressee |
| | or on the front if space permits. 1. Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | Texaco P.O. Box 3109 Midland TX 79702 | |
| | Wildiand 12 79702 | 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 2. Article Number | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | (Transfer from service label) /00 / 03 | 20 0002 0354 9046 |

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| | 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. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| | State Of New Mexico Commissioner of Public Lands P.O. Box 1148 Santa Fe, NM 87504-1148 | If YES, enter delivery address below: No 3. Service Type Certified Mail |
| | : | □ Registered |
| | 0044 | 0 0002 0354 8995 Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| nggay Salkan unga sanis | 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. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: | X |
| | Bureau Of Land Management Roswell District Office 2909 West Second St. | If YES, enter delivery address below: |
| | Roswell, NM 88201 | 3. Service Type ☑ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) ☐ Yes 3 2 0 000 2 0 3 5 4 9 0 8 Return Receipt 102595-01-M-1424 |
| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| | Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature |
| | 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. | X Agent Addressee D. Is delivery address different from item 1? Yes |
| | 1. Article Addressed to: HRC Inc P.O. Box 5102 | If YES, enter delivery address below: No |
| | Hobbs NM 88241 | 3. Service Type Certified Mail Express Mail Registered Page in the Marshandian |
| | · | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 2. Article Number (Transfer from service label) 7001 030 PS Form 3811, March 2001 Domestic F | .0 0002 0354 9022 Return Receipt 102595-01-M-1424 |