(February 2005)

TYPE OF SUBMISSION

Form 3160-5

OCD-ANTENIA **UNITED STATES**

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No 1004-0137

Expires March 31, 2007

5 Lease Serial No LC-069464-A & NM 99040

6 If Indian, Allottee or

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

abandoned well. Use Form 3160	0-3 (APD) for such proposals.	ILOLIVE
SUBMIT IN TRIPLICATE -	- Other instructions on page 2	7 If Unit of CA/Agreement, Na. A.N. / 6 2010
1 Type of Well	ner	8 Well Name and No Hackberry 18 Fed 1 & Ranger 17 Federal 1
2. Name of Operator Devon Energy Production Co., LP		9 API Well No. 30-015-29780 & 30-015-30119
3a. Address 20 North Broadway OKC, OK 73102	3b. Phone No (include area code) (405)-552-7802	10 Field and Pool or Exploratory Area Hackberry; Bone Springs, North
4 Location of Well (Footage, Sec , T.R.M, or Survey Desc Sec 20-T23S-R26E 1980 FEL & 660 FEL	cription)	11. Country or Parish, State Eddy County, NM
12. CHECK THE APPROPRIA	ATE BOX(ES) TO INDICATE NATURE OF NO	OTICE, REPORT OR OTHER DATA

✓ Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
Notice of finefit	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	Other Lease Commingle:
Subsequent Report	Change Plans	Plug and Abandon	Temporarily Abandon	Off-Lease Gas
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	Sales & Measurement
3 Describe Proposed or Completed O	peration: Clearly state all pertin	ent details, including estimat	ed starting date of any proposed work	and approximate duration thereof If

TYPE OF ACTION

the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Devon Energy Production Co., LLP respectfully requests approval for surface commingle and off lease storage and measurement of gas hydrocarbon production from the following wells:

- * Hackberry 18 Federal 1: API # 30-015-29780 Sec 18-T19S-R31E Lease LC-069464-A Hackberry; Bone Spring, NW (97020)
- * Ranger 17 Federal 1: API # 30-015-30119 Sec 17-T19S-R31E Lease NM-99040 Hackberry; Bone Spring, NW (97020)

Each location has its' own tank battery. The Subtraction Method will be used to allocate production back to the wells after commingling, instead of metering both locations, to save on costs. Gas allocation meter located at Ranger 17 Federal 1. A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1. After subtracting Ranger gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. A chart recorded will be used on the Hackberry 18 Federal 1 to measure and verify the gate rate on the Hackberry 18 Federal 1. Waste is not induced and no correlative rights are impaired.

Working, royalty, and overriding interest owners have been notified via certified mail (see attached).

SEE ATTACHED FOR CONDITIONS OF APPROVAL

14 I hereby certify that the foregoing is true and correct.	
Name (Printed/Typed) Stephanie A. Ysasaga	Title Sr. Staff Engineering Technician
Signature	Date 10/20/2009
THIS SPACE FOR FEDER	AL OR STATE OFFICE USE
Approved by //s/ JD Whitlock Jr	Title UF7 Date 15/2010
Conditions of approval, if any, are attached. Approval of this notice does not warrant or cer that the applicant holds legal or equitable title to those rights in the subject lease which wou entitle the applicant to conduct operations thereon	tıfy
Title 19 H.S.C. Scotton 1001 and Title 42 H.S.C. Scotton 1212 and a superficient	

Title 18 U.S.C. Section 1001 and Title 43 U.S C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)



APPLICATION FOR LEASE COMMINGLING & OFF-LEASE MEASUREMENT AND OFF LEASE SALES APPROVAL

State of New Mexico – Santa Fe Oil Conservation Division 1220 S. St Francis Drive Santa Fe, New Mexico 87505

Lease commingling proposal for Hackberry & Ranger leases:

Devon Energy Production Company, LP is requesting approval for surface commingle, off-lease storage and off-lease measurement of hydrocarbon gas production from the Hackberry; Bone Springs, NW Pool (97020) from the following wells:

Federal Lease LC-069464-A

Well Name	Location	API#	Pool 97020
Hackberry 18 Federal 1	SWSE Sec 18-T19S-R31E	30-015-29780	Hackberry, Bone Spring, NW

Federal Lease NMNM-99040

Well Name	Location	API#	Pool 97020
Ranger 17 Federal 1	NWSW Sec 17-T19S-R31E	30-015-30119	Hackberry, Bone Spring, NW

A map (Exhibit A) is enclosed showing the Federal leases and well locations in Section 17 and 18 of T19S R31E. The Hackberry, Bone Spring, NW Pool is not unitized or communitized. The ownership in the Hackberry and Ranger leases are not identical; all affected working interest, royalty and overriding royalty owners have been notified of this proposal (Exhibit B).

Gas metering:

The gas hydrocarbon production from the Hackberry18 Federal 1 and Ranger 17 Federal 1 will be the only hydrocarbon being commingled, measured and sold off-lease. Each location has its' own facility located in the SWSE and NWSW of Section 18 and 17 (respectively) in T19S, R31E on Federal Leases LC-069464 and NMNM-99040 in Eddy County, New Mexico (Exhibit C). A common gas sales meter associated with a Frontier central delivery point (CDP) is located in Sec 17-T19S-R31E approximately 3,300' south of the Ranger 17 Federal 1.

The "Subtraction Method" will be used to allocate production back to the wells after commingling. A gas allocation meter is located at the Ranger 17 Federal 1 location. After subtracting the Ranger 17 Federal 1 gas volumes from the Frontier gas sales meter, gas volumes are given to the Hackberry 18 Federal 1. To save on costs, Devon proposes to use a chart recorder to measure and verify the gas rate on the Hackberry 18 Federal 1. These meters will be calibrated on a regular basis per API, NMOCD and BLM specifications.

Both wells are marginal producers, the BLM's interest in both wells are the same and the BTU's are equivalent. Waste is not induced and no correlative rights are impaired. The BLM and OCD will be notified of any future changes in the facilities.

Process and Flow Descriptions:

Please see attached diagrams for the proposed Hackberry 18 Federal 1 and Ranger 17 Federal 1 batteries. The flow of produced fluids is shown in detail on Exhibit D along with a description of each vessel.

The commingling of production is in the interest of conservation and waste and will result in the most effective, economic means of producing the reserves in place from the affected wells and will not result in reduced royalty or improper measurement of production. The proposed commingling will reduce operating expenses as well as reduce the surface facility footprint and overall emissions.

Devon Energy Production Company, LP understands the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. Additionally, Devon Energy Production Co., LP will submit within 30 days, an application for right-of-way approval to the BLM and NMOCD section in your office, if we have not already done so.

Signed:

Printed Name: Stephanie A Ysasaga
Title: Sr. Staff Engineering Technician

Date: October 10th, 2009



Devon Energy Production Company Operations Engineering 20 North Broadway – CT 3.056 Oklahoma City, Oklahoma 73102-8260 Phone: (405)-552-7802 Fax (405)-552-8113 Stephanie.Ysasaga@dvn.com

October 20th, 2009

Mr. Richard Ezeanyim State of New Mexico Oil Conservation Division 1220 S. St. Francis Drive Santa Fe, New Mexico 87505

Re: Lease Commingling, Off Lease Measurement and Off Lease Sales Approval Hackberry 18 Federal 1 & Ranger 17 Federal 1 LC-069464-A Sec 18-T19S-R31E & NM-97120 Sec 17-T23S-26E API # 30-015-29780 & 30-015-30119 Hackberry; Bone Spring, NW - Pool Code: 29665 Eddy County, New Mexico

Dear Mr. Ezeanym:

Please find attached the OCD Form C-107B and BLM Form 3160-5 Sundry Notice of Intent to Lease Commingle the aforementioned wells. The working interest, royalty interest and overriding royalty interest owners in both leases are not uniform; parties have been notified via certified mail.

Should you require any additional information or assistance, please do not hesitate to contact me at (405)-552-7802.

Very truly yours,

DEVON ENERGY PRODUCTION COMPANY, L.P.

Stephanie A. Ysasaga

Sr. Staff Engineering Technician ©

Enclosures

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO
1	ľ				

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -1220 South St. Francis Drive, Santa Fe, NM 87505



Stephanie. Ysasaga@dvn.com

e-mail Address

ADMINISTRATIVE APPLICATION CHECKLIST THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE **Application Acronyms:** [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication] [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling] [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement] [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion] [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase] [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response] [1] TYPE OF APPLICATION - Check Those Which Apply for [A] Location - Spacing Unit - Simultaneous Dedication \square NSL \square NSP \square SD Check One Only for [B] or [C] Commingling - Storage - Measurement □ CTB □ PLC □ PC □ OLS □ OLM DHC [C]Injection - Disposal - Pressure Increase - Enhanced Oil Recovery □ WFX □ PMX □ SWD □ IPI □ EOR □ PPR [D]Other: Specify [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply Working, Royalty or Overriding Royalty Interest Owners [A] [B]Offset Operators, Leaseholders or Surface Owner [C] Application is One Which Requires Published Legal Notice [D]Notification and/or Concurrent Approval by BLM or SLO U.S Bureau of Land Management - Commissioner of Public Lands, State Land Office [E]For all of the above, Proof of Notification or Publication is Attached, and/or, [F] Waivers are Attached [3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE. **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is accurate and complete to the best of my knowledge. I also understand that no action will be taken on this application until the required information and notifications are submitted to the Division. Note: Statement must be sympleted by an individual with managerial and/or supervisory capacity. Stephanie A Ysasaga Sr Staff Engineering Technician 10/20/2009 Print or Type Name Date

District I
1625 N French Drive, Hobbs, NM 88240
District II
1301 W Grand Ave, Artesia, NM 88210
District III
1000 Rio Biazos Road, Aztec, NM 87410
District IV
1220 S St Francis Dr, Santa Fe, NM
87505

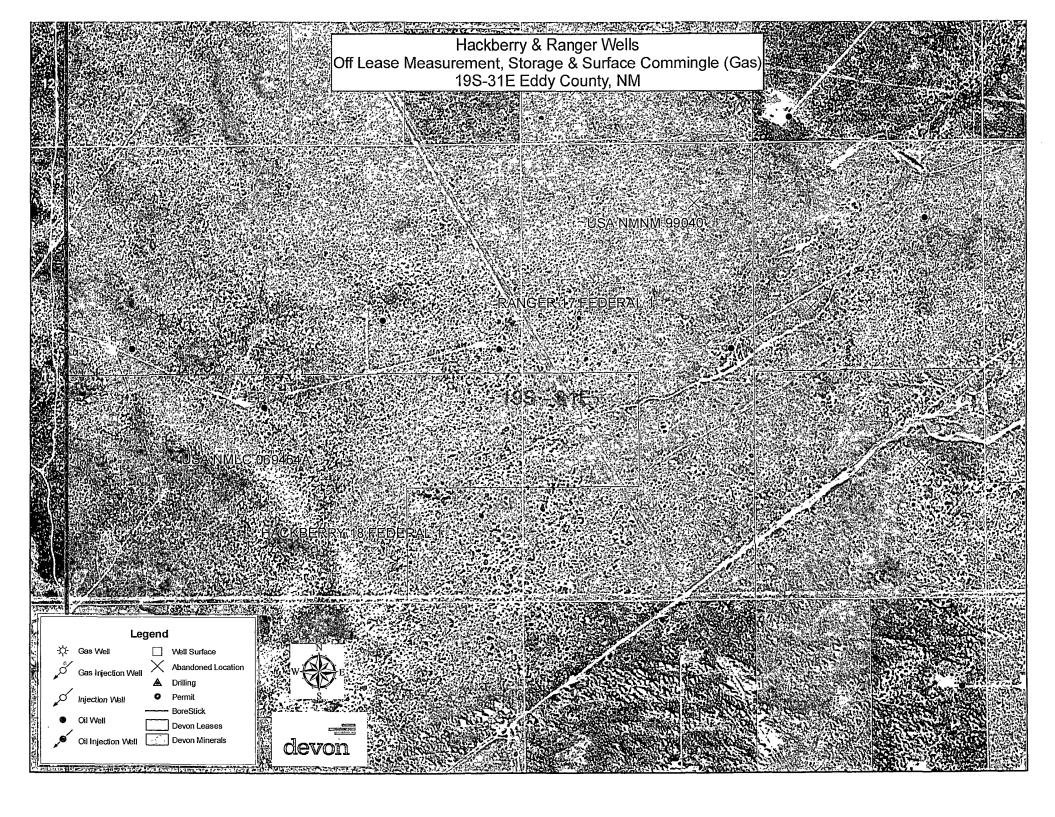
State of New Mexico Energy, Minerals and Natural Resources Department

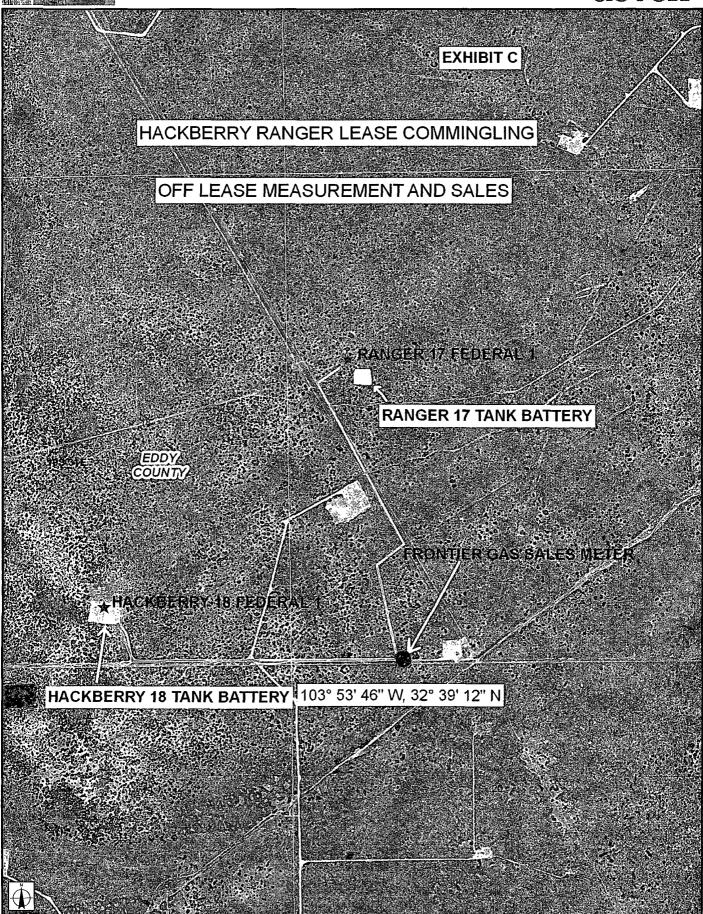
Form C-107-B Revised June 10, 2003

OIL CONSERVATION DIVISION

1220 S. St Francis Drive Santa Fe, New Mexico 87505 Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICA	TION FOR SURFACE	COMMINGLING	(DIVERSE	OWNERSHIP)	
OPERATOR NAME:	Devon Energy Production Co.,	LP			
	20 North Broadway OKC, OK	73102			
APPLICATION TYPE:					
	ommingling Pool and Lease Co		Storage and Measur	ement (Only if not Surface	e Commingled)
LEASE TYPE: Fee	State Fede				
	ng Order? ☐Yes ☑No If agement (BLM) and State Land				ıngling
		OL COMMINGLING Is with the following in			
(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
					VIII.
(0)					
	notified by certified mail of the protecting \(\subseteq \text{Other (Specify)} \)	oposed commingling?	Yes No.	ng should be approved	
	(B) LFA	SE COMMINGLIN			
		s with the following in			
(3) Has all interest owners been i(4) Measurement type: Met use of Subtraction Method to alloc	berry; Bone Spring, NW (97020) ource of supply? Yes Note of Supply? Yes Note of the propering Other (Specify) – Each cate sales back to the Hackberry loc south of the Ranger 17 Federal I	oosed commingling? location has its' own tank ation after commingling a	t a Frontier central	llocation meter on Range delivery point (CDP) lo	cated in Sec 17-
	(C) POOL and	LEASE COMMIN	GLING		
	, ,	s with the following in			
(1) Complete Sections A and E.					
	(D) OFF-LEASE ST	ORAGE and MEA			
(1) Is all production from same			moi mation		
(2) Include proof of notice to all					
	(E) ADDITIONAL INFO			pes)	
(1) A schematic diagram of faci	Please attach sheet lity, including legal location.	s with the following in	tormation		
(2) A plat with lease boundaries(3) Lease Names, Lease and We	showing all well and facility locati Il Numbers, and API Numbers.			te lands are involved.	
I hereby certify that the information	n above is true and complete to the	best of my knowledge and	i belief.		
SIGNATURE:	/ /	r. Staff Engineering Tech	nician	DATE:10/2	20/2009
TYPE OR PRINT NAMESt	eplyanie A. Ysasaga	TEL	EPHONE NO ·	_(405)-552-7802	
E-MAIL ADDRES: Stepha	nle. Ysasaga@dvn.com				







Laboratory Services, Inc. 2609 West Marland

Hobbs, New Mexico 88240

Telephone: (575) 397-3713



FOR:

Devon Energy

P. O. Box 250

Artesia, New Mexico 88211-0250

SAMPLE:

IDENTIFICATION Hackberry 18 #1 Devon Energy

COMPANY:

LEASE: PLANT:

SAMPLE DATA: DATE SAMPLED:

10/16/09 10:00 am ANALYSIS DATE:

10/23/09 PRESSURE - PSIG 30 SAMPLE TEMP. °F 84 ATMOS. TEMP. °F 88

GAS (XX)

LIQUID ()

SAMPLED BY:

Robert Hernandez

ANALYSIS BY:

Vickie Sullivan

REMARKS:

H2S = 0

COMPONENT ANALYSIS

		MOL	
COMPONENT		PERCENT	GPM
Hydrogen Sulfide	(H2S)	0.000	•
Nitrogen	(N2)	2.188	
Carbon Dioxide	. (CO2)	0.084	
Methane	(C1)	65.773	
Ethane	(C2)	14.333	3.824
Propane	(C3)	9.024	2.481
I-Butane	(IC4)	1.235	0.403
N-Butane	(NC4)	3.445	1.084
I-Pentane	(IC5)	0.961	0.351
N-Pentane	(NC5)	1.057	0.382
Hexane Plus	(C6+)	1.900	0.825
•	•		-
• •		100.000	9.350
BTU/CU.FT DRY			MOLECULAR WT. 25.4226
AT 14.650 DRY	1464		
AT 14.650 WET	1439		
AT 14.73 DRY	1472		
AT 14.73 WET	1447		
ODECITIO ODAVIT	V		
SPECIFIC GRAVIT			
CALCULATED			
MEASURED	,		



Laboratory Services, Inc. 2609 West Marland

Hobbs, New Mexico 88240

Telephone: (575) 397-3713

FOR:

Devon Energy

P. O. Box 250

Artesia, New Mexico 88211-0250

SAMPLE:

IDENTIFICATION Ranger 17 Fed. #1

COMPANY:

Devon Energy

LEASE: PLANT:

SAMPLE DATA: DATE SAMPLED:

ANALYSIS DATE:

7/22/09

GAS (XX)

LIQUID ()

PRESSURE - PSIG SAMPLE TEMP. °F

ATMOS. TEMP. °F

SAMPLED BY: ANALYSIS BY:

Vickie Sullivan

REMARKS:

COMPONENT ANALYSIS

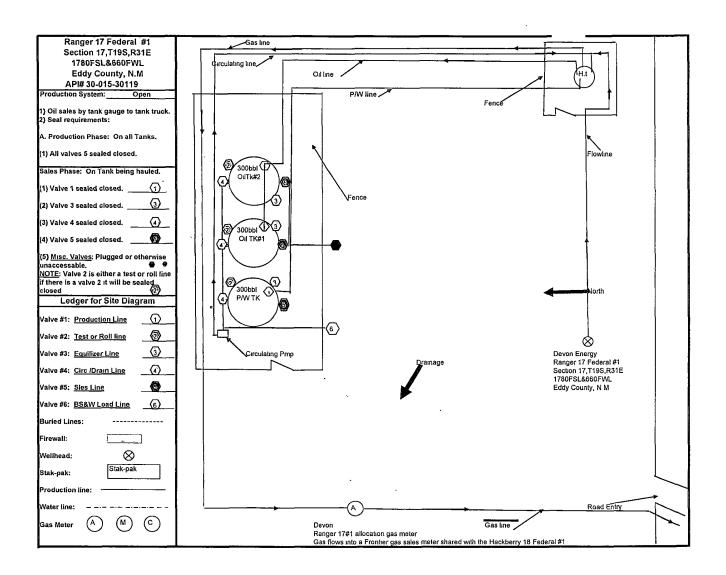
COMPONENT		MOL PERCENT	. GPM
Hydrogen Sulfide	(H2S)		·
Nitrogen	(N2)	2.458	
Carbon Dioxide	(CO2)	0.118	
Methane	(C1)	65.334	
Ethane	(C2)	14.056	3.750
Propane	(C3)	8.908	2.449
I-Butane	(IC4)	1.223	0.399
N-Butane	(NC4)	3.453	1.086
I-Pentane	(IC5)	0.948	0.346
N-Pentane	(NC5)	1.038	0.375
Hexane Plus	(C6+)	2.464	1.069
7 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(00.)		1.003
	·	100.000	9.474
BTU/CU.FT DR	Y 1482	2	MOLECULAR WT. 25.8046
AT 14.650 DRY	1477	7	
AT 14.650 WET	1452	2	
AT 14.73 DRY	1485	5	
AT 14.73 WET	1460) _.	
SPECIFIC GRAVIT	ΓY –		
CALCULATE MEASURE		5	
101E/2001 IE			

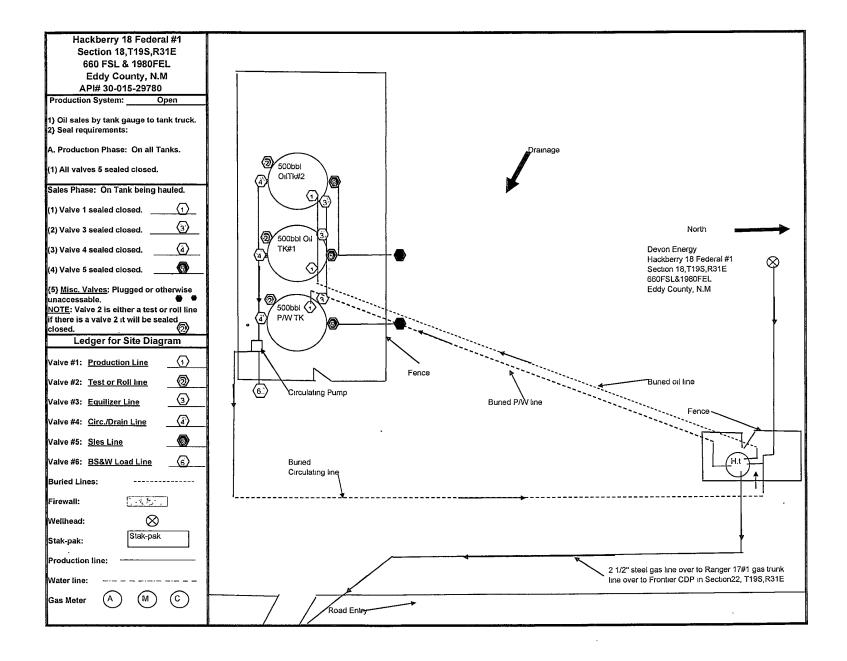
	OFF LEASE	PROD	UCTION	- EDDY	COUN	ΓΥ		
	01/01/09	02/01/09	03/01/09	04/01/09	05/01/09	06/01/09	07/01/09	08/01/09
Well Name	Sum Est Gas							
HACKBERRY 18 FED 1	182.	181.	185.	201.	215.	176.	132.	34.
RANGER 17 FEDERAL 1	193.	183.	161.	153.	184.	173.	166.	46

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Minerals Management Service Royalty Management Program P.O Box 5810 Denver, Colorado 80217-5810 7009-1140-0004-6106-9580

Robin Oil & Gas Corporation P.O. Box 720420 Oklahoma City, Oklahoma 73172 7008-1140-0004-6106-9597

Nearburg Exploration Co. LLC P.O. Box 678100 Dallas, Texas 75267-8100 7008-1140-0004-6106-9603

Jareed Parnters LTD P.O. Box 51451 Midland, Texas 79710-1451 7008-1140-0004-6106-9610

Penwell Employee Royalty Pool 200 N Loraine Suite 1550 Midland, Texas 79701 7008-1140-0004-6106-9627

Butkin Investment Company LLC P O. Box 2090 Duncan, OK 73534 7008-1140-0004-6106-9634

Todd & Karla M Kringen 8540 E. McDowell Rd. # 59 Mesa, AZ 85207-1431 7008-1140-0004-6106-9641

Robro Royalty Partners LTD P.O. Box 141638 Austin, TX 78714-1638 7008-1140-0004-6106-9658

John Lawrence Thomas P.O Box 863418 Plano, TX 75086 7008-1140-0004-6106-9665

Sandra Mary Thomas 789 W. Hellsgate Drive Strawn, Texas 76475 7008-1140-0004-6106-9672

C Mark Wheeler 24 Smith Road, Ste 405 Midland, Texas 79705 7008-1140-0004-6106-9689

Paul R Barwis c/o Dutton Harris Co. P O. Box 230 Midland, Texas 79702 7008-1140-0004-6106-9696

Joan M Voigt 7 Sherborne Wood San Antonio, 78218 7008-1140-0004-6106-9702

Marbob Energy Corporation P.O. Box Drawer 227 Artesia, NM 88211-0227 7008-1140-0004-6106-9719

Durango Production Corporation P.O. Box 4848 Wichita Falls, Texas 76308 7008-1140-0004-6106-9726 Ballard E. Spencer Trust Inc. – Trust Dept P.O Drawer AA Artesia, NM 88210 7008-1140-0004-6106-9733

Stanford University c/o Bank of America P O Box 840738 Dallas, TX 75284-0738 7008-1140-0004-6106-9740

Mmerals Management Services Royalty Mgmt Program P O. Box 5810 Denver, CO 80217 7008-1140-0004-6106-9757

PBR Properties Joint Venture P.O. Box 2802 Midland, Texas 79702 7008-1140-0004-6106-9764

Wallfam Limited Partnership 1811 Heritage Blvd, STE 200 Midland, Texas 79707 7008-1140-0004-6106-9771

Family Tr of John & Sharon Olaf Larsgaar 7627 146th Avenue Sumner, WA 98390 7008-1140-0004-6106-9788

Zanaida Ruth Griffin 2808 Abingdon Parkway Birmingham, AL 35243 7008-1140-0004-6106-9795

Vicki L Owens P.O. Box 696 Eunice, NM 88231 7008-1140-0004-6106-9177

Scott C Henson 3625 Spence Road Loomis, California 95650-8865 7008-1140-0004-6106-9184

Constance B Cartwright Trustee 2444 Wilshire Blvd, STE 508 Santa Monica, CA 90403-5808 7008-1140-0004-6106-9191

Willis R Hartsock c/o Bank of America P O. Box 620020 Dallas, Texas 75262 7008-1140-0004-6106-9207

Ward C Hartsock P O Box 620020 Dallas, Texas 75262 7008-1140-0004-6106-9214

Jeanne (Jean) Edna Hunt P O. Box 251406 Plano, Texas 75025-1406 7008-1140-0004-6106-9221

Franklin Thompson Family Agency Trust # 4012 P.O. Box 840738 Dallas, Texas 75284 7008-1140-0004-6106-9238

Jane Landreth Russell Agency Lock Box 3480 Omaha, NE 68103-0480 7008-1140-0004-6106-9245 Lynda L Shropshire Trust 1 P O Box 3480 Omaha, NE 68103-0489 7008-1140-0004-6106-9252

Robert H Tennant 9563 Doliver Houston, Texas 77063 7008-1140-0004-6106-9269

Robert H Tennant Jr. Testamenta Trustee 9563 Doliver Houston, Texas 77063 7008-1140-0004-6106-9474

Borden Hamilton Tennant Trust 9563 Doliver Houston, Texas 77063 7008-1140-0004-6106-9467

Mary Elizabeth Tennant Trust 9563 Dolíver Houston, Texas 77063 7008-1140-0004-6106-9450

Joseph A Tennant P O. Box 382 Marathon, Texas 79842 7008-1140-0004-6106-9443

Sundance Mineral 1 P O. Box 17744 Ft. Worth, TX 76102 7008-1140-0004-6106-9436

Carol J. Christianson 19026 N 2nd Avenue Phoenix, AZ 85027 7008-1140-0004-6106-9429

David Donnelly Trust P O. Box 1150 Lebanon, MO 65536 7008-1140-6106-9412

David F. Stout 1645 W Baseline Rd, Unit 2146 Mesa, AZ 85202 7008-1140-0004-6106-9405

Steven M Henson 3265 Spence Road Loomis, CA 95650-8865 7008-1140-6106-9399

William T Henderson Family Trust 1906 E. Battlefield Road Springfield, MO 65804 7008-1140-0004-6106-9382

Felisha M. Elmore 23411 36th Avenue CT E Spanaway, MO 98387-7330 7008-1140-0004-6106-9375

David Boyd Barnette 782 Litchfield Ave Sebastopol, CA 95472 7008-1140-0004-6106-9368

James D Elmore c/o IRS Levy Proceeds 4330 Watt Ave, SA 6213 Sacremento, CA 95821 7008-1140-0004-6106-9818 Krista G. O'Conner 1650 Quiet Hills Drive Ocean Side, CA 92056 7008-1140-0004-6106-9825

Estate of Florence M Dooley 1006 South 2nd Street Artesia, NM 88210 7008-1140-0004-6106-9832

Terrance Patrick Perkins 304 S. Ave F Portales, NM 88130 7008-1140-0004-6106-9849

WA Landreth Jr 3207 W 4th Street Ft Worth, Texas 76102 7008-1140-0004-6106-9856

Mary Lindsey Kesterson Agency Lock Box 3480 Omaha, NE 68103-0480 7008-1140-0004-6106-9863

Mary Adele Landreth Smith c/o Edward Smith 1675 Highway 591 Dublin, Texas 76446 7008-1140-0004-6106-9870

William Locke Allison III 2641 Fines Creek Drive Statesville, NC 28625 7008-1140-0004-6106-9887

Elizabeth Foster Tennant 701 Bering Dr. # 204 Houston, TX 77057 7008-1140-0004-6106-9894

W B Kindlesparger Estate P.O. Box 1148 Odessa, Texas 79760-1148 7008-1140-0004-6106-9917

John T. Landreth P.O. Box 180 Engle, CO 81631-0180 7008-1140-0004-6106-9900

Mary Adele Landreth Trust 504 Ft Worth Club Bldg -306 West 7th Street Forth Worth, TX 76102-4905 7008-1140-0004-6106-9924

R D. Mellard Estate P O. Box 1506 Hope, NM 88250 7008-1140-0004-6106-9931

Robert C Grable 201 Main Street, STE 2500 Fort Worth, TX 76102-3129 7008-1140-0004-6106-9948

Thomas Ausley Allison 1122 Dogwood Rd Statesville, NC 28677-3463 7008-1140-0004-6106-9955

Gesler Grandchildren's Trust 4605 E Shomi Street Phoenix, AZ 85044 7008-1140-0004-6106-9962 Trust UWO Bettie Allison Rand Trustee P.O. Box 4325 Rocky Mount, NC 27803 7008-1140-0004-6106-9979

Clarence G Neal Jr. 3451 School Street Fortuna, CA 95540-3623 7008-1140-0004-6106-9986

Phyllis M Wolfe P O Box 14432 Phoenix, AZ 85063-4432 7008-1140-0004-6106-9993

Hazel N Collins Family Trust: Texas Bank 2525 Ridgar Blvd, STE 100 Fort Worth, TX 76116 7008-1140-0004-6107-9398

John Michael Esses 10 Via Slano Rancho Santa MA, CA 92688-1330 7008-1140-0004-6106-9801

Ella Joan Neal Living Trust 6235 E Sea Breeze Drive Long Beach, CA 90803 7008-1140-0004-6106-9573

Florence B. Clark Hall c/o Mineral Services Inc. P O. Box 244 St Jacob, IL 62281-0244 7008-1140-0004-6106-9566

Barbara C. Larimore c/o Mineral Services Inc. P.O. Box 244 St Jacob, IL 62281-0244 7008-1140-0004-6106-9559

Harold G Hartsock Living Trust P O. Box 1449 Sanford, Florida 32772-1449 7008-1140-0004-6106-9542

Ralph Alexander Stricker 3702 E Campbell Ave Phoenix, AZ 85018 7008-1140-0004-6106-9535

Helen Joy Smith LLC c/o Adam Smith, CPA 5410 26th Street West Bradenton, Florida 34207 7008-1140-0004-6106-9528

Billie J David, Life Tennant P O Box 7706 Midland, TX 79708 7008-1140-0004-6106-9511

Edith A Shelton Marital Trust 218 W Glen Eagles Rd Stateville, NC 28625 7008-1140-0004-6106-9504

Nedinia S Clark Dupont c/o Horseshoe Investments P O. Box 190811-6811 St. Louis, MO 63119 7008-1140-0004-6106-9498

Charlotte G Meador P.O. Box 395 Decatur, TX 76234 7008-1140-0004-6106-9481 Ronald T Gettys P O Box 367 Decatur, TX 76234 7008-1140-0004-6107-9411

The Roach Foundation Acct# 8300205110 7777 Taylor Street Forth Worth, Texas 76102-4919 7008-1140-0004-6107-9404

William K Burton 301 Commerce Street, STE 2900 Forth Worth, TX 76102-0084 7008-1140-0004-6107-9237

CCB 1998 Trust – Ben Fortson Jr. Trustee 301 Commerce St, STE 2900 Fort Worth, TX 76102 7008-1140-0004-6107-9220

DCB 1998 Trust - Ben Fortson Jr Trustee 301 Commerce St, STE 2900 Forth Worth, TX 76102 7008-1140-0004-6107-9190

MWB 1998 Trust - Ben Fortson Jr. Trustee 301 Commerce St, STE 2900 Forth Worth, TX 76102 7008-1140-0004-6107-9213

Ben J Fortson III Children Trust – B Fortson Trste 301 Commerce St, STE 2900 Forth Worth, TX 76102 7008-1140-0004-6107-9206

Riall S Moore 124 Kelton Ave San Carlos, CA 94070 7008-1140-0004-6107-9183

Shannon Moore 124 Merrydale, #36 San Rafael, CA 94901 7008-1140-0004-6107-9251

Ramona L Clarke 1615 N W 101st Street Clive, IA 50325 7008-1140-0004-6107-9268

Helen Marie White P.O. Box 24492 Cincinnati, OH 45224 7008-1140-0004-6107-9275

Michele Ruth White 2920 A Street Eureka, CA 95501 7008-1140-0004-6107-9282

Stephanie P. Troth 5714 E Acoma Drive Scottdale, AZ 85254 7008-1140-0004-6107-9299

Robin Frederick Hill 1836 Shaded Wood Walnut, CA 91789 7008-1140-0004-6107-9305

Steven P. Thompson P.O. Box 14596 Odessa, TX 79768 7008-1140-0004-6107-9312 Dan W Irwin – Separate Property 118 N Grant Street Hinsdale, IL 60521 7008-1140-0004-6107-9329

Melinda Anne Benagh – Separate Property 2007 Big Horn Drive Austin, TX 78734 7008-1140-0004-6107-9336

John Eric Thickson – AS His Separate Property 6672 Michael John Drive La Jolla, CA 92037 7008-1140-0004-6107-9343

Patrick Dooley – As His Separate Property 1006 South 2nd Street Artesia, NM 88210 7008-1140-0004-6107-9350

Mary Ann Susan Thickstun – Her Separate Property 5690 Arbor Grove CT San Diego, CA 92121 7008-1140-0004-6107-9367

Thomas Lusk Thickstun - His Separate Property 312 Foxglove Kyle, TX 78640 7008-1140-0004-6107-9374

Patricia Benaugh White – Her Separate Property 806 Lari Dawn San Antonio, TX 78258 7008-1140-0004-6107-9381

Jennifer Thickstun Fessler 2557 Roscoemare Road Los Angeles, CA 90077 7008-1140-0004-6107-8902

Kathryn Ann Thickstun Leff 3131 Xenophone Street San Diego, CA 92106-1537 7008-1140-0004-6107-8919

Edward Landreth Smith 1675 Hwy 591 Dublin, TX 76446 7008-1140-6107-8926

Todd M Wilson & Cannon Exploration Co 3608 S County Road 1184 Midland, TX 79706 7008-1140-0004-6107-8933

Kimball Art Foundation 301 Commerce St, STE 2300 Ft Worth, TX 76102 7008-1140-0004-6107-8940

Roger & Holly L Elliott – Family Lmtd Partnership 4105 Baybrook Drive Midland, TX 79707 7008-1140-0004-6107-8957

Estate of Lonye Marie Williams Deceased 1701 River Run Rd, STE 501 Fort Worth, TX 76107-6548 7008-1140-0004-6107-8964

MAPOO-NET A Texas Gen Partnership P O. Box 268946 OKC, OK 73126 7008-1140-0004-6107-8971 W/K Land Company A Co PSHP Rex Walker 911 Kimbark Street Longmont, CO 80501-4510 7008-1140-0004-6107-8971

SENDER: COMPLETE: THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also c item 4 if Restricted Delivery is desi Print your name and address on the 	red. e reverse	A. Signature A. Signature A. Agent Address
so that we can return the card to y Attach this card to the back of the or on the front if space permits.		B. Received by (Printed Name) G. Date of Del PLYNU (7/1/2/2)
Article Addressed to:		D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Paul R. Barwis c/o Dutton P.O. Box 230 Midland, Texas 79702	Harris Co.	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchar Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee) Yes
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PS Form 3811, February 2004	Domestic	c Return Receipt 102595-02-W
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Joseph A Tennant P.O. Box 382 Marathon, Texas 79842		3. Service Type Certified Mail Registered Return Receipt for Merchan Insured Mail C.O.D.
O Astista Number		4. Restricted Delivery? (Extra Fee)
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A Stephature Agent Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1?
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40 0004 6106 9771
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X Agent Addressee
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PS Form 3811, February 2004

Domestic Return Receipt

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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 maliplece, or on the front if space permits. 1. Article Addressed to: Edward Landreth Smith	(Transfer from service label)	
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D. Is delivery address different from item 17 ☐ Yes If YES, enter delivery address below: ☐ No Edward Landreth Smith 1675 Hwy 591 Dublin, TX 76446		B. Received by (Printed Name) C. Date of Delivery
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Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
Dublin, TX 76446 3. Service Type Certified Mail Express Mail Receipt for Merchandise Insured Mail C.O.D.	Edward Landreth Smith	(
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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 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: D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes 2. Article Number 2004 2004 2005 2005 2005 2005 A. Signature A. Signature Addressee D. B. Received by (Pinted Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No Converter This Section on Delivery A. Signature Addressee D. Received by (Pinted Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No No Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No No No No A. Signature A. Sign		4. Restricted Delivery? (Extra Fee) ☐ Yes
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Ella Joan Neal Living Trust 6235 E Sea Breeze Drive Long Beach, CA 90803	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	140 0004 6106 9573
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-154
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: Jareed Parnters LTD	A. Signature X. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery L. C. S. G. S.
P.O. Box 51451 Midland, Texas 79710-1451	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
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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: Ballard E. Spencer Trust Inc. – Trust Dept P.O. Drawer AA Artesia, NM 88210	A. Signature X 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 Service Type Certified Mail
Q. Asticle Number	☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	1140 0004 6106 9733

અન્ય જાણકાર માણ્યાના લાગ કે મુક્કે સ્થામિકાનો તેવાનો કરો હતું કે માટે કરો છે. આ ગામ છે	The second of th
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Told M Wilson Road Told M County Road Midland, TX 79706	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 (Transfer from service label)	DB 1140 0004 6107 8933
PS Form 3811, February 2004 Domestic Rev	turn Receipt 102595-02-M-1540
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SENDER: COMPLETE THIS SECTION	等。 1. 19 12 12 12 12 12 12 12 12 12 12 12 12 12
Complete items 1, 2, and 3. Also complete	A. Signature
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Print your name and address on the reverse so that we can return the card to you.	Li Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	At Man
	D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below: No
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Patrick Doole 2nd Street Patrick Doole 2nd Street 1006 South 2nd 88210 Artesia, NM 88210	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
2 Actiola Number	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label)	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2. Article Number 7008	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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2. Article Number (Transfer from service label)	Complete This Section on Delivery
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	Complete This Section on Delivery Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ref SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Complete This Section on Delivery Complete This Section on Delivery A. Signature Certified Mail Express Mail Return Receipt for Merchandise Return Receipt for Merchandise Co.O.D. 4. Restricted Delivery? (Extra Fee) Pyes 1140 0004 6107 7350 COMPLETE THIS SECTION ON DELIVERY A. Signature A. A. Signature
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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 COMPLETE THIS SECTION ON DELIVERY A. Signature Complete Section S
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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.	Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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	Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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.	Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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,	Complete This Section on Delivery A. Signature B. Regelwed by (Printed Name) Certified Mail
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2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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:	Certified Mail
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2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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:	□ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes L14□ □□□4 Ь1□? ¶35□ turn Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature X. □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery □ L5 □ Section On Delivery □ Agent □ Addressee B. Received by (Printed Name) □ No
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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:	□ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 1 1 1 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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:	□ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes □ 114□ □□□4 □ 107 □ 135□ turn Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature X. □ Agent □ Addressee B. Received by (Printed Name) □ C.Dayle of Delivery □ L.S.□ Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret 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: 1. Article Addressed to: Article Addressed to: Only 12 Stand MA, CA 92688-1330 Rancho Santa MA, CA 92688-1330	□ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes Lurn Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Agent □ Addressee B. Received by (Printed Name) □ C. Dayle of Delivery C. Dayle 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) PS Form 3811, February 2004 Domestic Ret 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: 1. Article Addressed to:	□ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes □ 114□ □□ 4 □ 107 □ 135□ turn Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY. A. Signature X. □ Agent □ Addressee B. Received by (Printed Name) □ C. Date of Delivery □ 1/2

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. Signature Agent
Print your name and address on the reverse	LI Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D is delivery address different from item 1? Yes
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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Attach this card to the back of the mailpiece or on the front if space permits. 1. Article Addressed to: Roger & Holly I. Fillion. Family Limit.	
8 Honok 0107	3. Service Type
Rose Bayorx 18	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
410 dland.	☐ Insured Mail ☐ C.O.D.
Roger & Holly Drive Roger & Holly Drive A105 Baybrook 79707 Midland TX 79707	4. Restricted Delivery? (Extra Fee)
of Autota Mountains	1140 0004 6107 8957
(Transfer from service label)	
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
CENTER CONTESTS THE SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	THE REPORT OF THE PARTY OF THE
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse	Addressee
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	JOHN O. LANS GAARD 11-17-09
1. Article Addressed to:	D. Is delivery address different from item 1?
1. At ticle Addressed to.	If YES, enter delivery address below:
D. H. C Clair & Charge Olaf Large 225	
Family Tr of John & Sharon Olaf Larsgaar , 7627 146 th Avenue	-
Sumner, WA 98390	3. Service Type
Durintet, 1112 2002	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2 Article Number	
2. Article Number 7008 11	40 0004 6106 9788
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
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Print your name and address on the reverse	X Suste Damor les Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C, Date of Delivery
or on the front if space permits.	1/1-12
Article Addressed to:	D. Is delivery address different from item 1? Yes
,	If YES, enter delivery address below: ☐ No
WA Landreth Jr.	1
3207 W 4 th Street	
Ft. Worth, Texas 76102	3. Service Type
	☐ Certified Mail ☐ Express Mail
•	Registered Return Recelpt for Merchandise
	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number	
(Transfer from service label) 7008 1140	0004 6106 9856

NDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A. Signature/
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Subut Ala Agent Addressee
that we can return the card to you. tach this card to the back of the mailpiece, on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery L. HELLS //-13.09
Article Addressed to:	D. Is delivery address different from item 1?
Robro Royalty Partners LTD P.O. Box 141638	
Austin, TX 78714-1638	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
, 	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7008 1	140 0004 6106 9658
Form 3811, February 2004 Domestic He	eturn Receipt 102595-02-M-1540
NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent DAddressee
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.	B. Beseived by (Printed Name) () C. Date of Delivery () ALEN S. (1441-72)
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
sineral Service	· · · · · · · · · · · · · · · · · · ·
or on the front if space permits. Article Addressed to: Florence B. Clark Hall clo Mineral Services Inc. Florence B. Clark Hall clo Mineral Services Inc. Florence B. Clark Hall clo Mineral Services Inc. Florence B. Clark Hall clo Mineral Services Inc.	(1
1 orence B. Clair. 281-0244	3. Service Type
Florence B. Clark Han P.O. Box 244 P.O. Box 245 St. Jacob, IL 62281-0244	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
St.	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7008	
0044	eturn Receipt 102595-02-M-1540
NDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Vichious 1 Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. Article Addressed to:	D. Is delivery address different from item 17-1 Uses
	If YES, enter delivery addites below:
N. Live	173
Vicki L Owens P.O. Box 696	
Eunice, NM 88231	3. Service Type ☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
•	☐ Insured Mail ☐ C.O.D.
Article Number 7008	4. Restricted Delivery? (Extra Fee)

 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. Signature X
DCB 1998 Trust - Ben Fortson Jr. 1, 301 Commerce St, STE 2900 Forth Worth, TX 76102	3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number	1140 0004 6107 7170
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Thomas Lusk Thickstun. His Separate Property 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Ret	A. Signature Thouse Literative A. Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 13 Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 1140 102595-02-M-1540
PS FORM JOHN, February 2004 Domestic Het	rum Hecelpt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Ren Fortson Jr. Trustee CCB 1998 Trust St. 76102 CCB Commerce St. 76102	A. Signature X. Agent Addressee B. Acceived by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: No
Rock .	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7008 1	140 0004 6107 9220

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	
	A Signature Agent
Print your name and address on the reverse	X Luli X Mill MAddresses
so that we can return the card to you. Attach this card to the back of the mailpiece.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? Des
1. Article Addressed to:	If YES, enter delivery address below
	(3) (3)
William Locke Allison III	293
2641 Fines Creek Drive	5 7/
Statesville, NC 28625	3. Service Type
,	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	1140 0004 6106 9887
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-154
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent Addressee
so that we can return the card to you.	B. Received by (Printer Name) C. Date of Delivery
Attach this card to the back of the mailpiece, 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
; }	ii 125, enter delivery address below.
Krista G. O'Conner	
1650 Quiet Hills Drive	
Ocean Side, CA 92056	3. Service Type
Ocean Side, CA 92056	☐ Certified Mail ☐ Express Mail
Ocean Side, CA 92056	☐ Certified Mail ☐ Express Mail
Ocean Side, CA 92056	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Recelpt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 🏻 🗘	□ Certified Mail □ Express Mail □ Registered □ Return Recelpt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes □ 1140 □ 004 □ □ □ □ □ □ □ □ □
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic	Certified Mail
2. Article Number (Transfer from service label) 700	□ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes □ 1340 □ 004 □ □ □ □ □ □ □ □
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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.	Complete This section on Delivery Complete This section on Delivery A. Signature Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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. Signature A. Signature A. Signature A. Received by (Printed Rarse) C. Date of Delivery C. Date of Delivery C. Date of Delivery
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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,	Complete This section on Delivery COMPLete This section on Delivery A. Signatare A. Addressee
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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 A. Signature B. Received (by Frinted Name) D. Is delivery address different from term 1? Centred Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 102595-02-M-154 COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature C. Date of Delivery D. Is delivery address different from term 1? Yes If YES, enter delivery address below:
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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:	Complete This section on Delivery A. Signetate A. Signetate COMPLETE This Section on Delivery A. Signetate B. Received by Finited Name C. D. D. D. Delivery C. Date of Delivery D. Is delivery address different from term 47. Pes
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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: Robin Oil & Gas Corporation	Complete This Section on Delivery A. Signature A. Signature B. Received (by Frinted Name) D. Is delivery address different from term 1? Centred Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 102595-02-M-154 COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature C. Date of Delivery D. Is delivery address different from term 1? Yes If YES, enter delivery address below:
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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: Robin Oil & Gas Corporation P.O. Box 720420	Complete This Section on Delivery A. Signature A. Signature B. Received (by Frinted Name) D. Is delivery address different from term 1? Centred Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 102595-02-M-154 COMPLETE THIS SECTION ON DELIVERY A. Signature A. Signature C. Date of Delivery D. Is delivery address different from term 1? Yes If YES, enter delivery address below:
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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: Robin Oil & Gas Corporation	Contified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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: Robin Oil & Gas Corporation P.O. Box 720420	Certified Mail
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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: Robin Oil & Gas Corporation P.O. Box 720420	Complete This section on Delivery A. Signature Complete This section on Delivery Addressee Complete This section on Delivery A Signature Agent Addressee Complete This section on Delivery Addressee Complete This section on Delivery Addressee Complete This section on Delivery Agent Addressee Complete This section on Delivery A Signature A Signatur
2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic 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: Robin Oil & Gas Corporation P.O. Box 720420	Complete This section on Delivery COMPLETE This Section on Delivery A. Signature A. Signature Complete This Section on Delivery A. Signature C. Date of Delivery

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	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
	Print your name and address on the reverse so that we can return the card to you.	X Addressee
	Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 1. Article Add	B. Received by (Printed Name) C. Date of Delivery APRIL KULLAGU 3 2009
	1. Article Addressed to:	Is delivery address different from item 1? Thes YES, enter delivery address below:
	aust B For	
	wildren Tru	1
	toon III Ch. STE 29	
	Ben J. Fortserce 3x 7610	3. Service Type ☐ Certified Mail ☐ Express Mail
	Ben J Fortson III Children Trus 301 Commerce St. STE 2900 Forth Worth, TX 76102	☐ Registered ☐ Return Receipt for Merchandise
	Fort	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
••	Z. Afficie Number. () () () ()	1140 0004 6107 9206
		turn Receipt 102595-02-M-1540
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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ Complete items 1, 2, and 3. Also complete	A. Signature
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent Addressee
	so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received/by (Printed Name) C. Date of Delivery
	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
		.L., i
	The Roach Foundation Acct# 8300205110 7777 Taylor Street	A
	Forth Worth, Texas 76102-4919	3. Service Type
	,	☐ Certified Mail ☐ Express Mail
		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	(<u> </u>	4. Restricted Delivery? (Extra Fee)
	2. Article Number	1140 0004 6107 9404
	PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540
	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. Signature
	Print your name and address on the reverse so that we can return the card to you.	A Addressee
	Attach this card to the back of the mailpiece, \(\)	B. Redeived by (Printed Name) 3 C. Date of Delivery
	or on the front if space permits.	D. Is delivery address different from item 1? Yes
	Altico Addressed to.	If YES, enter delivery address below: No
	ACAY Consist Property	
	John Eric Thickson – AS His Separate Proper 6672 Michael John Drive	tty
	U U	ervice Type
	La Jolla, CA 92037	privice type
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	La Jolla, CA 92037	☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
		Certified Mail Express Mall Registered Return Receipt for Merchandise
		☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Print your name and address on the reverse so that we can return the card to you.	Addressee
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery)
or on the front if space permits.	10AN 1010 111100
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes Uff YES, enter delivery address below: ☐ No
	If YES, enter delivery address below: ☐ No
· ·	
1	
Joan M Voigt	[]
7 Sherborne Wood	
San Antonio, 78218	3. Service Type Certified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merchandise
I	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7008 1146	0 0004 6106 9702
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
☐ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse	Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits	MAREN J. JULITE 11-13-09
1. Article Addressed to: Barbara C. Larimore clo Mineral Services Inc. Barbara C. Larimore clo Mineral Services Inc.	D. Is delivery address different from item 1?
ices Inc.	If YES, enter delivery address below:
, al Service	
Miner	11
imore of	-
Barbara C. Larimore Barbara C. Larimore P.O. Box 244 P.O. Box 244 St Jacob, IL 62281-0244	3. Service Type
Barbara C. Land P.O. Box 244 62281-0244	G. Service type ☐ Certified Mail ☐ Express Mail
P.O. Bob. IL	☐ Registered ☐ Return Receipt for Merchandise
St Jaco	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	A STATE OF THE
(Transfer from service label) 7008 13	140 0004 6106 9559
PS Form 3811, February 2004 Domestic He	eturn Receipt 102595-02-M-1540
SENDER: COMPLETE THIS SECTION	COMPLETÉ THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	V Agent
■ Print your name and address on the reverse	Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Redewed by Printed Name and Date of Delivery
or on the front if space permits.	7 7
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes
	If YES, enter delivery address below;
	1 5/ "OV, 5
Lynda L Shropshire Trust 1	3200 Z
P.O. Box 3480	3. Service Type
Omaha, NE 68103-0489	3. Service Type Certified Mail Express Mail 90
	☐ Registered ☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 13	L40 0004 6106 9252

Loomis, California 95650-8865 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchal Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Iransfer from service label) 7008 1140 0004 Figure 102595-02- 2. Article Number (Iransfer from service label) 7008 1140 0004 Figure 102595-02- 3. Service Type Express Mail Express Mail Restricted Delivery? (Extra Fee) Yes 4. Restricted Delivery 2004 Domestic Return Receipt 102595-02- 5. SENDER: COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A Signature A Signatur	-M-1540
PS Form 3811, February 2004 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A Signature	
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete	
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: Ramona L Clarke 1615 N W 101st Street	essee
Clive, IA 50325 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchal Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	andise
2. Article Number 7008 1140 0004 6107 9268	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-	M-1540
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Received by (Printed Name) C. Date of Delivery address different from item 1? Yes If YES, enter delivery address below: Harold G Hartsock Living Trust P.O. Box 1449	essee
Sanford, Florida 32772-1449 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchal Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes (Transfer-from service label)	ndise

,	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
•	Complete items 1, 2, and 3. Also complete	A. Signature	•
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Kind & Hazer Addressee	
	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.	B. Received by (Rrinted Name) C Date of Delivery	
		D. Is delivery address different from them.	
	1. Article Addressed to:	MANUEL CONTRACTOR CONTRACTOR POLICIANT AND NO	
	· gency 🙀 🐲	10000000000000000000000000000000000000	
	Jane Landreth Russell Agency Lock Box 3480 Onaha, NE 68103.0480	11 YES, enter delivery address below.	
	Leth Rus 0480	100/1/1	
	2 Land 3480 8103-0	3. Service Type	•
	Janock BO NE of	☐ Certified Mail ☐ Express=Mail=	,
	Omaha	☐ Registered ☐ Return Receipt for Merchandise	
		☐ Insured Mail ☐ C.O.D.	•
_		4. Restricted Delivery? (Extra Fee) ☐ Yes	•
••	2. Article Number 7008]	140 0004 6106 9245	
	(Transier from service label)		
	PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	
	SENDER: COMPLETE THE SESSION		•
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
1	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	
	Frint your name and address on the reverse	Agent	
	SO that we can return the card to you	B./Reselved by (Printed Name) C. Date of Delivery	
	 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Heeelved by (Printed Name) C. Date of Delivery	
	1. Article Addressed to:	D. Is delivery address different from item 125 Lives	-
		If YES, enter delivery address below.	
		(5)	
	David F. Stout		
	1645 W Baseline Rd, Unit 2146	150	
	Mesa. AZ 85202		
		3. Service Type Certified Mail Express Mail	
		☐ Registered ☐ Return Receipt for Merchandise	
		☐ Insured Mail ☐ C.O.D.	•
•	Ö Addol Day	4. Restricted Delivery? (Extra Fee) ☐ Yes	•
	2. Atticle Number	140; DDD4; L10E; 9405	. 1
	SALE EVENOA		
	PS Form 3811, February 2004 Domestic Ref	urn Receipt 102595-02-M-1540	•
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	A STATE OF THE STA		
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
	Complete items 1, 2, and 3. Also complete	A Signature	
	item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X/////Addressee	•
	so that we can return the card to you.	B. Received by (Printed Name) f C. Date of Delivery	
	Attach this card to the back of the mailpiece, or on the front if space permits.	11 Clinda Benach 11-1809	
	\	D. Is delivery address different from item 1?	
	Article Addressed to:	If YES, enter delivery address below: No	
	- Continue	<u> </u>	•
	Melinda Anne Benagh – Separate Property	1	
	2007 Big Horn Drive		
	Austin, TX 78734	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	3 1140 0004 6107 9336	
	(Iransier Irom service label)		
	DS Form 3811 February 2004 Domestic Bet	urn Receint 102595-02-M-1540	

PS Form 3811, February 2004

M Complete items 1 2 and 2 Also complete	A Cimpature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Wm, Shelt D Address
 Attach this card to the back of the mailpiece, 	B. Received by (Printed Name) C. Date of Delive
or on the front if space permits.	D. is delivery address different from term 17 2 yes
1. Article Addressed to:	If YES, enter delivery address below:
	NOV 1 8 2009
Edith A Shelton Marital Trust	
218 W Glen Eagles Rd	
Stateville, NC 28625	3. Service Type
1	Certified Mail
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7008 1	140 0004 6106 9504
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1
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so that we can return the card to you.	B. Received by (Printeg Hame) C. Date of Delive
Attach this card to the back of the mailpiece,	KT Cell
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: No
	*
*	1
Kathryn Ann Thickstun Leff	
3131 Xenophone Street	
San Diego, CA 92106-1537	3. Service Type
`	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandi ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
O. Adiala Muselus	
2. Article Number	\$ 1140 0004 6107 8919. ;
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PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1
PS Form 3811, February 2004 Domestic Re 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. Signature
PS Form 3811, February 2004 Domestic Re 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. Signature X. U
PS Form 3811, February 2004 Domestic Re 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,	A. Signature X
PS Form 3811, February 2004 Domestic Re 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.	A. Signature X. U. L. Murco Addres B. Received by (Printed Name) H. L. L. M. L.
PS Form 3811, February 2004 Domestic Re 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,	A. Signature A. Signature W. A. Address B. Received by (Printed Name) D. Is delivery address different from item 1? Yes
PS Form 3811, February 2004 Domestic Re 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.	A. Signature X. Complete This Section on Delivery A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
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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:	A. Signature A. Signature W. A. Address B. Received by (Printed Name) D. Is delivery address different from item 1? Yes
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: Constance B Cartwright Trustee	A. Signature A. Signature W. A. Address B. Received by (Printed Name) D. Is delivery address different from item 1? Yes
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:	A. Signature A. Signature W. A. Address B. Received by (Printed Name) D. Is delivery address different from item 1? Yes
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: Constance B Cartwright Trustee 2444 Wilshire Blvd, STE 508	A Signature X
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: Constance B Cartwright Trustee 2444 Wilshire Blvd, STE 508	A Signature X
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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. Article Addressed to: Constance B Cartwright Trustee 2444 Wilshire Blvd, STE 508	A Signature X
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. Article Addressed to: Constance B Cartwright Trustee 2444 Wilshire Blvd, STE 508 Santa Monica, CA 90403-5808	A. Signature X. Complete THIS SECTION ON DELIVERY A. Signature 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 Merchand Insured Mail C.O.D.

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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	ر
	 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. Signature Agent Addressee B. Beceived by (Printel Name) C. Date of Delivery M. Chee G. Willer from item 12 Yes	- - -
	Article Addressed to:	D. Is delivery address different from item 1? ' Yes If YES, enter delivery address below: No	
	Michele Ruth White 2920 A Street		
	Eureka, CA 95501	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)	8 1140 0004 6107 9282	
	PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540	
	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	COMPLETE THIS SECTION ON DELIVERY A. Signature X LIGHT Addressee B. Received by (Printed Name) C. Date of Delivery LIGHT COMPLETE THIS SECTION ON DELIVERY Addressee	
	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: Clarence G Neal Jr. 3451 School Street	A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery	
	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: Clarence G Neal Jr.	A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery	
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PAGE 1 10/13/09

PROPERTY DECK MO/YR OV		- PROPERT BURDEN		DESCRIPTION	INFLATED INTEREST	TYPE	PAY STAT	WP CRT		LAST DATE CHANGED	LEASE INTEREST
120149-004 AA 11/02										2/22/22	
5361	.2	CONSOL /	MINERALS MANAGEM ROYALTY MANAGEME PO BOX 5810 DENVER 84-0848646		.12500000	2-ROY	GF			0/00/00	.0000000
11482	26 2	CONSOL.	PO BOX 720420	CORPORATION OK 73172-	.00005625	3-ORR	PA			4/26/07	.0000000
12263	38 2	CONSOL	NEARBURG EXPLORA NEARBURG PRODUCT P O BOX 678100 DALLAS 75-2626152		.43750000	1-WI	PA			4/26/07	.0000000
28024	18	CONSOL.	JAREED PARTNERS A TEXAS LIMITED P O BOX 51451 MIDLAND 75-2635111		.00250000	3-ORR	PA			4/26/07	.00000000
32610	9	CONSOL	200 N LORAINE SU	ROYALTY POOL ITE 1550 TX 79701-	.00075000	3-ORR	PA			4/26/07	.0000000
32886	8		BUTKIN INVESTMEN PO BOX 2090 DUNCAN 73-1602239	T COMPANY LLC	.00050625	3-ORR	PA			4/26/07	.0000000
32924	8	CONSOL .	TODD M KRINGEN AND KARLA R KRIN 8540 E MCDOWELL MESA 502-72-4678		.00006250	3-ORR	PA			4/26/07	.00000000
33555	66		ROBRO ROYALTY PA PO BOX 141638 AUSTIN 20-8581282	RTNERS LTD	.00031250	3-ORR	PA			7/02/08	.0000000
33894	:6	CONSOL.	JOHN LAWRENCE TH A SINGLE MAN P O BOX 863418 PLANO 114-52-8727	OMA TX 75086-	.00150000	3-ORR	PA			7/02/08	.00000000

13											10/13/09
PROPERTY DECK	MO/YR OWNER SQ		NAME NAME	DESCRIPTION	INFLATED INTEREST		PAY STAT	WP CRT		LAST DATE CHANGED	LEASE INTEREST
109323-001 AA	11/02 HACKBE	RRY 18 FI	ED 1	MASTER DECK APO		YB					
	11970	CONSOL'	JOAN M VOIGT 7 SHERBORNE WOOD SAN ANTONIO 467-48-3854		.00000549	3-ORR	PA			9/26/03	.00000549
	14343	CONSOL	MARBOB ENERGY CO P O DRAWER 227 ARTESIA . 85-0232108		.00436570	3-ORR	PA			9/26/03	.00436570
	48762	CONSOL	DURANGO PRODUCTI P O BOX 4848 WICHITA FALLS 75-2390732		.27950320	1-WI	PA			9/29/03	.27950320
	50648	CONSOL	BALLARD E SPENCE FIRST NATIONAL B TRUST DEPARTMENT P O DRAWER AA ARTESIA 85-6009061	ANK OF ARTESIA	.00477500	3-ORR	PA			9/29/03	.00477500
	50847	CONSOL	STANFORD UNIVERS % BANK OF AMERIC P O BOX 840738 DALLAS 94-1156365		.00003424	3-ORR	PA			6/04/04	.00003424
	53612	CONSOL	MINERALS MANAGEM ROYALTY MANAGEME PO BOX 5810 DENVER 84-0848646		.12500000	2-ROY	GF			6/04/04	.12500000
	59530	CONSOL	PBR PROPERTIES J PO BOX 2802 MIDLAND 75-2650682	OINT VENTURE	.00000979	3-ORR	PA			6/04/04	.00000979
	62257	CONSOL	/WALLFAM LIMITED 1811 HERITAGE BL MIDLAND 75-2801503		.01364300	3-ORR	PA			6/04/04	.01364300
	62524	CONSOL	FAM TR OF JOHN O AND SHARON LARUE TD 9/18/92 JOHN OLAF LARSGA LARUE LARSGAARD 7627 146TH AVE E SUMNER 535-14-6186	LARSGAARD ARD & SHARON TTEES	.00035812	3-ORR	PA			6/04/04	.00035812

Bureau of Land Management Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

Off-Lease Measurement, Storage and Surface Commingling

Conditions of Approval

Approval of surface commingling and off-lease sales and/or measurement is subject to the following conditions of approval:

- 1. This agency shall be notified of any change in sales method or location of sales point.
- 2. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- 4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
- 5. Additional wells and/or leases require additional commingling approvals.
- 6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.
- 7. Approval for combining production from various sources is a privilege which is granted to lessees for the purpose of aiding conservation and extending the economic life of leases. Applicants should be cognizant that failure to operate in accordance with the provisions outlined in the Authorized Officer's conditions of approval and/or subsequent stipulations or modifications will subject such approval to revocation.
- 8. All above-ground structures not subject to safety requirements shall be painted by the holder to blend with the natural color of the landscape. The paint used shall be color which simulates "standard Environmental Colors" Shale Green, Munsell Soil Color No. 5Y 4/2.
- 9. If any additional wells are added to this CDP a gas meter will have to be installed on the Hackberry 18 Federal #1, after commingling approval has been submitted for additional wells.