

November 1, 2012

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

A.C. Ranch NM
A General Partnership
817 N. Grimes
Hobbs NM 88248

RE: CASE NO. 13589: Application of DCP Midstream, LP to Re-Open Case No. 13589 to Amend Rule No. R-12546 for the Limited Purpose of Authorizing An Alternate Acid Gas Injection Well.


This letter is to advise you that DCP Midstream, LP ("DCP") filed the enclosed application on October 30, 2012, with the New Mexico Oil Conservation Division ("NMOCD" or "the Division") for the limited purpose of seeking approval to drill an alternate or redundant Acid Gas Injection (AGI) well at the Linam Gas Processing Plant ("Plant") near Hobbs, New Mexico. This matter will be the subject of a hearing in front of the NM Oil Conservation Commission. DCP already operates an AGI at this site (Linam AGI #1). The proposed new well (Linam AGI #2) is intended to provide an alternate means of injection in the case that AGI #1 encounters problems that require it to be temporarily shut down for repairs or upgrades. The proposed well will be located 2,120 feet from the South line and 2,120 feet from the West line of Section 30, Township 18 South, Range 37 East, in Lea County, New Mexico, approximately 250 feet north of the existing Linam AGI #1. DCP plans to inject up to 7 million cubic feet per day ("MMCFD") of acid gas and CO₂ from the Plant at a maximum pressure of 2,599 psi into the proposed AGI #2 well into the Lower Bone Springs Formation, at a target interval approximately 8,710 to 9,137 feet below the surface. This application does not seek to increase the injection volumes or pressures already approved for the Linam AGI #1, although it is possible that the proposed AGI #2 well may be operated simultaneously with the AGI #1 well by dividing the approved injection rate between the wells. *The proposed AGI #2 well will serve as a redundant well only. The proposed Linam AGI #2 is intended to work in the alternative to the existing AGI#1. It will add no additional injection capacity and will operate pursuant to NMOCC Order R-12546, as amended, just as the Linam AGI #1 operates under that Order.*

This application has been set for hearing before the New Mexico Oil Conservation Commission at 9:00 am December 6, 2012, in Porter Hall at the NMOCD's Santa Fe office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by DCP's application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the application at a later date.

A party appearing at the hearing is required by the Division's rules to file a Pre-Hearing Statement with the NMOCD's Santa Fe office no later than one week prior to the hearing date. This statement must be served on counsel for DCP and on all other parties and should include: your name and the name of your attorney, if any; a concise statement of the 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 an identification of any procedural matters that need to be resolved prior to the hearing. Interested persons may check the OCD website for hearing information at <http://www.emnrd.state.nm.us/OCD/hearings.html>. An interested person may contact Florene Davidson, Commission Clerk, at florene.davidson@state.nm.us (505-476-3458) for personal notice of the hearing.

If you have any questions concerning this application, you may contact Mr. Alberto Gutiérrez at (505) 842-8000 at Geolex, Inc.; 500 Marquette Avenue NW, Suite 1350; Albuquerque, New Mexico 87102.

Sincerely,
Geolex, Inc.



Alberto A. Gutiérrez, C.P.G.
President and Consultant to DCP Midstream, LP

Enclosure
SERVER\Projects\12-012\Notice Mailings\Notice Letters\AC Ranch.docx

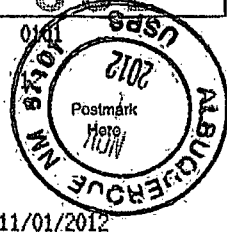
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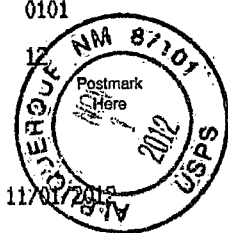
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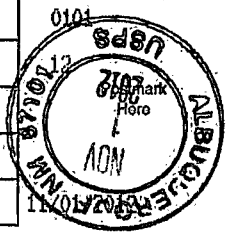
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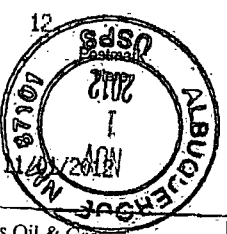
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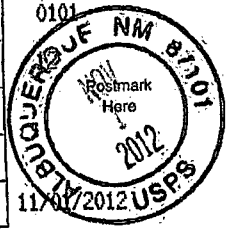
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 Guardian of Sarah E. Carlin
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 Westminster CO 80030

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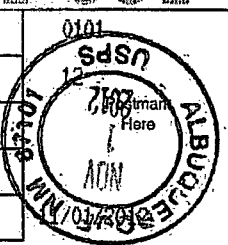
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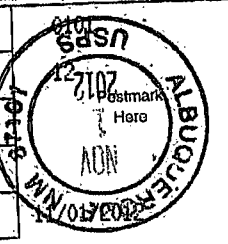
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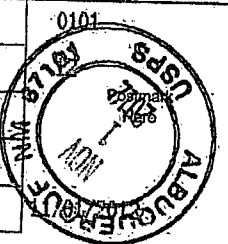
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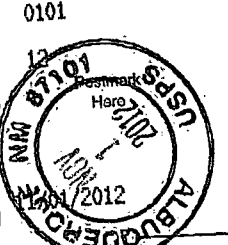
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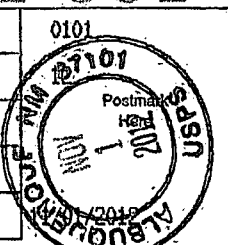
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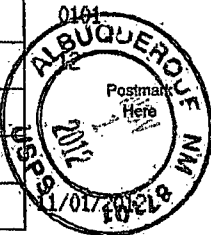
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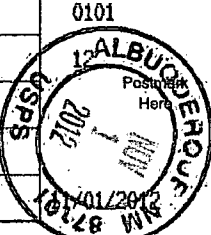
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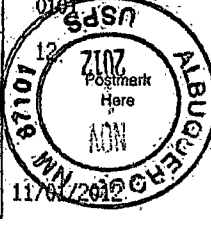
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 Midland TX 79702

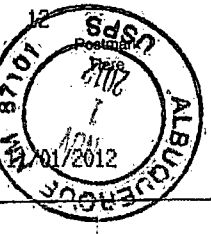
PS Form 3800, August 2006 See Reverse for Instructions

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

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

FORT WORTH TX 76102

OFFICIAL USE

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 XTO Energy, Inc.
 810 Houston St.
 Fort Worth TX 76102-6398


PS Form 3800, August 2006 See Reverse for Instructions

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

MIDLAND TX 79705

OFFICIAL USE

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 Southwest Royalties, Inc.
 6 Desta Drive, Suite 2100
 Midland TX 79705

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 9768

7012 1640 0001 8695 9775

7012 1640 0001 8695 9782

7012 1640 0001 8695 9799

7012 1640 0001 8695 9805

7012 1640 0001 8695 9812

7012 1640 0001 8695 9829

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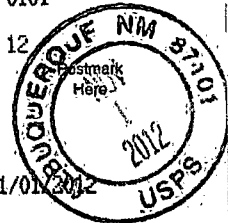
For delivery information visit our website at www.usps.com

ARTESIA NM 88210

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	12
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	11/01/2012

Sent To: Yates Petroleum Corp.
 Street, Apt. No., or PO Box No.: 105 South Fourth St.
 City, State, ZIP+4: Artesia NM 88210

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8695 9838

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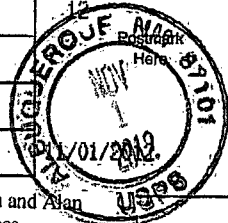
For delivery information visit our website at www.usps.com

ROSWELL NM 88202

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	12
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	11/01/2012

Sent To: Barbara E. Hannifin and Alan Hannifin, Co-Trustees
 Street, Apt. No., or PO Box No.: PO Box 182
 City, State, ZIP+4: Roswell NM 88202

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8695 9843

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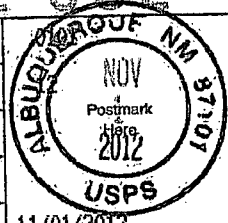
For delivery information visit our website at www.usps.com

SOLANA BEACH CA 92075

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	12
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	11/01/2012

Sent To: P.J. Hannifin Family Trust
 Street, Apt. No., or PO Box No.: 765 Santa Camelia Drive
 City, State, ZIP+4: Solana Beach CA 92075

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8695 9850

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

MIDLAND TX 79702

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	12
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	11/01/2012

Sent To: Joe Alexander
 Street, Apt. No., or PO Box No.: PO Box 3081
 City, State, ZIP+4: Midland TX 79702

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8695 9867

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

HOBBS NM 88240

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	12
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	11/01/2012

Sent To: Robert W. Lansford
 Street, Apt. No., or PO Box No.: 606 Abo
 City, State, ZIP+4: Hobbs NM 88240

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8695 9874

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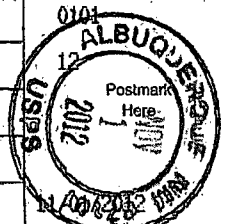
For delivery information visit our website at www.usps.com

ALBUQUERQUE NM 87110

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	12
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	11/01/2012

Sent To: William J. McCormick
 Street, Apt. No., or PO Box No.: 2905 San Pablo, NE
 City, State, ZIP+4: Albuquerque NM 87110

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8695 9881

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

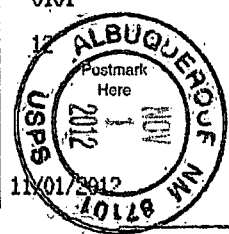
MIDLAND TX 79701

OFFICIAL USE

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 Jack D. Mussett
 604 Petroleum Bldg.
 Midland TX 79701

PS Form 3800, August 2005 See Reverse for Instructions



7012 1640 0001 8695 9899

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

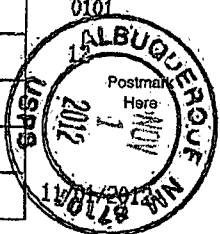
HORSESHOE BAY TX 78657

OFFICIAL USE

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 Curtis Nealey, Trustee
 PO Box 8992
 Horseshoe Bay TX 78657

PS Form 3800, August 2005 See Reverse for Instructions



7012 1640 0001 8695 9904

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

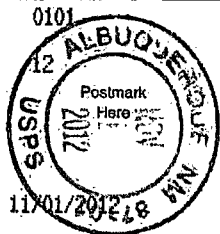
SEBRING FL 33875

OFFICIAL USE

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 Thomas E. Phipps
 5720 Wolf Lake Road
 Sebring FL 33875

PS Form 3800, August 2005 See Reverse for Instructions



7012 1640 0001 8695 9911

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

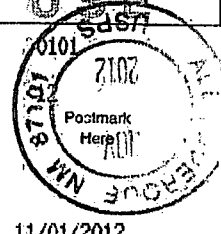
MIDLAND TX 79701

OFFICIAL USE

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 William B. Blakemore, II
 200 West Illinois - Suite 200
 Midland TX 79701

PS Form 3800, August 2005 See Reverse for Instructions



7012 1640 0001 8695 9928

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

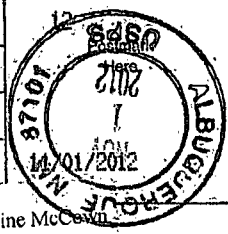
DRIPPING SPRINGS TX 78620

OFFICIAL USE

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 Cathie Cone Auvenshine McCoslin
 P.O. Box 658
 Dripping Springs TX 78620

PS Form 3800, August 2005 See Reverse for Instructions



7012 1640 0001 8695 9935

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

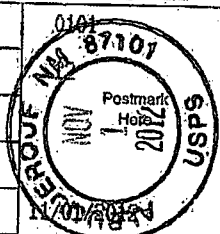
JAY OK 74345

OFFICIAL USE

Postage	\$ 2.90	0101
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 8.20	

Sent To
 Tom R. Cone
 P.O. Box 778
 Jay OK 74346

PS Form 3800, August 2005 See Reverse for Instructions



7012 1640 0001 8695 9942

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

DRIPPING SPRINGS TX 78620
OFFICIAL USE

Postage	\$	\$2.90	0101
Certified Fee		\$2.95	12
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	NOV 1 2012
Total Postage & Fees	\$	\$8.20	ALBUQUERQUE NM 87101

Sent To
 Street, Apt. No., or PO Box No.: Catholic Cone McCown as Trustee
 P.O. Box 507
 City, State, ZIP+4: Dripping Springs TX 78620

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 9959

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

AUSTIN TX 78704
OFFICIAL USE

Postage	\$	\$2.90	0101
Certified Fee		\$2.95	12
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	NOV 1 2012
Total Postage & Fees	\$	\$8.20	ALBUQUERQUE NM 87101

Sent To
 Street, Apt. No., or PO Box No.: LFN Cone Properties, LLC
 P.O. Box 41809
 City, State, ZIP+4: Austin TX 78704

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 9966

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

TULSA OK 74101
OFFICIAL USE

Postage	\$	\$2.90	0101
Certified Fee		\$2.95	12
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	NOV 1 2012
Total Postage & Fees	\$	\$8.20	ALBUQUERQUE NM 87101

Sent To
 Street, Apt. No., or PO Box No.: Trustee of the Trusts created for
 Kathleen Cone
 P.O. Box 3499
 City, State, ZIP+4: Tulsa OK 74101

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 9973

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

KILGORE TX 75663
OFFICIAL USE

Postage	\$	\$2.90	0101
Certified Fee		\$2.95	12
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	NOV 1 2012
Total Postage & Fees	\$	\$8.20	ALBUQUERQUE NM 87101

Sent To
 Street, Apt. No., or PO Box No.: Larry T. Long, Managing Trustee
 P.O. Box 3096
 118 South Kilgore Street
 City, State, ZIP+4: Kilgore TX 75663

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 9980

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JAY OK 74345
OFFICIAL USE

Postage	\$	\$2.90	0101
Certified Fee		\$2.95	12
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	NOV 1 2012
Total Postage & Fees	\$	\$8.20	ALBUQUERQUE NM 87101

Sent To
 Street, Apt. No., or PO Box No.: Randy Lee Cone
 P.O. Box 552
 City, State, ZIP+4: Jay OK 74345

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 9997

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KILGORE TX 75662
OFFICIAL USE

Postage	\$	\$2.90	0101
Certified Fee		\$2.95	12
Return Receipt Fee (Endorsement Required)		\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	NOV 1 2012
Total Postage & Fees	\$	\$8.20	ALBUQUERQUE NM 87101

Sent To
 Street, Apt. No., or PO Box No.: Billy Glenn Spradlin
 29 Rim Road
 City, State, ZIP+4: Kilgore TX 75662

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0375

U.S. Postal Service™
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For delivery information visit our website at www.usps.com
MIDLAND TX 79710
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

0101
12
Postmark Here
NOV 1 2012
ALBUQUERQUE NM 87101
USPS

Sent To
Street, Apt. No., or PO Box No. Marshall & Winston, Inc.
PO Box 50880
City, State, ZIP+4 Midland TX 79710-0880

PS Form 3800, August 2006 See Reverse for Instructions

282 1640 0001 8696 0382

U.S. Postal Service™
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For delivery information visit our website at www.usps.com
ALBUQUERQUE NM 87105
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

0101
12
Postmark Here
NOV 1 2012
ALBUQUERQUE NM 87101
USPS

Sent To
Street, Apt. No., or PO Box No. Mary Ann Hastings Stephenson
3805 River View Road NW
City, State, ZIP+4 Albuquerque NM 87105

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0399

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For delivery information visit our website at www.usps.com
SHERWOOD AR 72120
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

0101
12
Postmark Here
NOV 1 2012
ALBUQUERQUE NM 87101
USPS

Sent To
Street, Apt. No., or PO Box No. Colleen M. Newman
#24 Club Circle
City, State, ZIP+4 Sherwood AR 72120

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0405

U.S. Postal Service™
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For delivery information visit our website at www.usps.com
HOPKINS MN 55305
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

0101
12
Postmark Here
NOV 1 2012
ALBUQUERQUE NM 87101
USPS

Sent To
Street, Apt. No., or PO Box No. Winston Partners, LTD
c/o Meristem
601 Carlson Parkway #800
City, State, ZIP+4 Minnetonka MN 55305

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0030

U.S. Postal Service™
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For delivery information visit our website at www.usps.com
LOVINGTON NM 88240-1627
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

0101
12
Postmark Here
NOV 1 2012
ALBUQUERQUE NM 87101
USPS

Sent To
Street, Apt. No., or PO Box No. Western Commerce Bank/Trustee
Frances J. Freeman Trust
PO Box 1627
City, State, ZIP+4 Lovington NM 88261-1627

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0047

U.S. Postal Service™
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For delivery information visit our website at www.usps.com
EDMOND OK 73083
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

0101
12
Postmark Here
NOV 1 2012
ALBUQUERQUE NM 87101
USPS

Sent To
Street, Apt. No., or PO Box No. Robert L. McPheron
and Irene I. McPheron
PO Box 6273
City, State, ZIP+4 Edmond OK 73083

PS Form 3800, August 2006 See Reverse for Instructions

4500 1640 0001 8696 0054 7012

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

Sent To: Suzanne Shipp Cunningham
 Trustee/Suzanne Shipp Cunningham Trust
 3613 E. 49th St.
 Tulsa OK 74135

PS Form 3800, August 2005 See Reverse for Instructions

1700 9698 1000 0491 7012

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

Sent To: Wm. Marshall Shipp & Pamela Ann Dixon Shipp/Trustees of Shipp Trust
 1104 West Ave J.
 Lovington NM 88260

PS Form 3800, August 2005 See Reverse for Instructions

8200 1640 0001 8696 0078 7012

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

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

Sent To: Diana A. Campbell, Trustee
 Diana A. Campbell Trust
 PO Box 623
 Agoura Hills CA 91376-0623

PS Form 3800, August 2005 See Reverse for Instructions

5900 1640 0001 8696 0085 7012

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

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

Sent To: Peggy J. Delgadillo, Trustee
 Delgadillo Revocable Trust
 26172 Rainbow Glen Dr.
 Newhall CA 91321-1369

PS Form 3800, August 2005 See Reverse for Instructions

2600 1640 0001 8696 0092 7012

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

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

Sent To: Nancy J. Engstrom, Trustee
 Nancy J. Engstrom Trust
 PO Box 2399
 Santa Barbara CA 93120-2399

PS Form 3800, August 2005 See Reverse for Instructions

9010 9698 1000 0491 7012

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

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20

Sent To: J. Pat Corrigan Family
 Limited Partnership
 7150 20th Street, Suite E
 Vero Beach Florida 32966

PS Form 3800, August 2005 See Reverse for Instructions

7012 1640 0001 8698 0491 2120

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

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Jane S. Notz
 917 Ridge Road
 City, State, ZIP+4 Cheyenne WY 82001

PS Form 3800, August 2006 See Reverse for Instructions

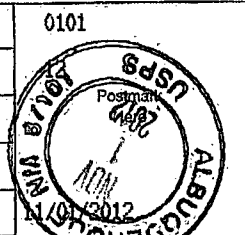
7012 1640 0001 8698 0491 2120

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

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Loretta Sue Montgomery
 3553 Appaloosa Dr.
 City, State, ZIP+4 Santa Teresa NM 88008

PS Form 3800, August 2006 See Reverse for Instructions

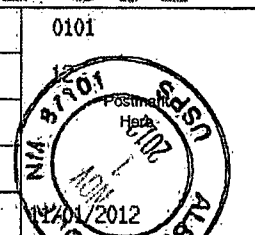
7012 1640 0001 8698 0491 2120

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Vickie Sue Garcia
 2848 Jeffries Ranch Road
 City, State, ZIP+4 Occanside CA 92057-4906

PS Form 3800, August 2006 See Reverse for Instructions

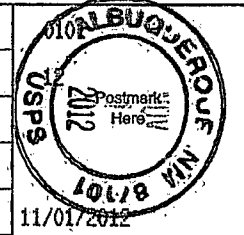
7012 1640 0001 8698 0491 2120

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Mary Sharlene Cowan
 2106 W. 18th ST.
 City, State, ZIP+4 Pueblo CO 81003

PS Form 3800, August 2006 See Reverse for Instructions

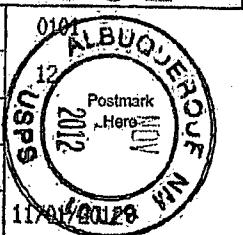
7012 1640 0001 8698 0491 2120

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Corrigan Southern Land & Cattle Co., LLC
 8117 Preston Road, Suite 610
 City, State, ZIP+4 Dallas TX 75225

PS Form 3800, August 2006 See Reverse for Instructions

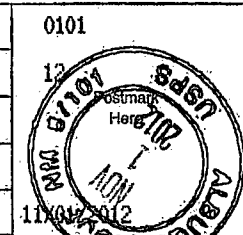
7012 1640 0001 8698 0491 2120

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

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Nationsbank of Texas, N. A. Trustee/ Baker Family Trust
 PO Box 830308
 City, State, ZIP+4 Dallas TX 75283-0308

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0263

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

ROSWELL NM 88202

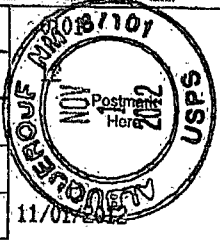
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20

11/01/2012

Sent To
 Street, Apt. No., or PO Box No. College of the Southwest
 6610 Lovington Highway
 City, State, ZIP+4 Hobbs.NM 88240

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8696 0260

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

ROSWELL NM 88202

OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20

11/01/2012

Sent To
 Street, Apt. No., or PO Box No. Nuevo Seis Limited Partnership
 PO Box 2588
 City, State, ZIP+4 Roswell NM 88202-2588

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8696 0306

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

ROSWELL NM 88202

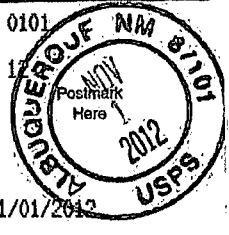
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20

11/01/2012

Sent To
 Street, Apt. No., or PO Box No. Oscura Resources
 PO Box 2292
 City, State, ZIP+4 Roswell NM 88202-2292

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8696 0310

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

ROSWELL NM 88202

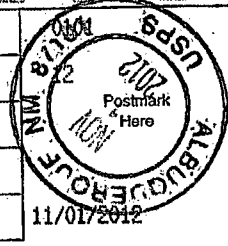
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20

11/01/2012

Sent To
 Street, Apt. No., or PO Box No. R.R. Hinkle Co., Inc.
 PO Box 2292
 City, State, ZIP+4 Roswell NM 88202-2292

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8696 0320

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

ROSWELL NM 88202

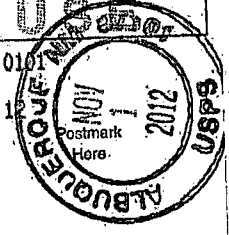
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20

11/01/2012

Sent To
 Street, Apt. No., or PO Box No. Rolla R. Hinkle, III & Rosemary Hinkle
 PO Box 2292
 City, State, ZIP+4 Roswell NM 88202-2292

PS Form 3800, August 2006 See Reverse for Instructions



7012 1640 0001 8696 0337

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

ROSWELL NM 88202

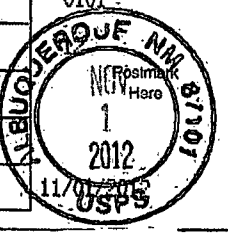
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20

11/01/2012

Sent To
 Street, Apt. No., or PO Box No. Madison M. Hinkle, Susan Hinkle, Madison M. Hinkle III
 PO Box 2292
 City, State, ZIP+4 Roswell NM 88202-2292

PS Form 3800, August 2006 See Reverse for Instructions

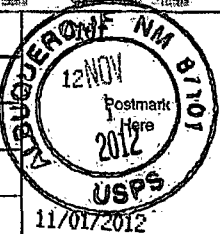


7012 1640 0001 8696 0138

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

For delivery information visit our website at www.usps.com
RUIDOSO NM 88345
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
Rolla R. Hinkle II, Marjorie
Street, Apt. No., or PO Box No. Ilinkle, Rolla R. Hinkle
303 Coal Dr.
City, State, ZIP+4 Ruidoso NM 88345

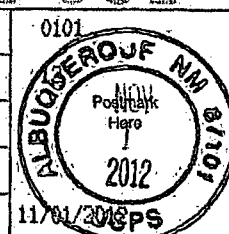
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0146

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

For delivery information visit our website at www.usps.com
ROSWELL NM 88202
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
Morris E. Schertz
& Holly K. Schertz
Street, Apt. No., or PO Box No. PO Drawer 2588
City, State, ZIP+4 Roswell NM 88202-2588

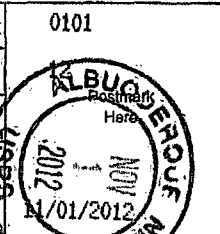
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0156

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

For delivery information visit our website at www.usps.com
PLANO TX 75075
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
J.M. McFayden,
Street, Apt. No., or PO Box No. A. J. McFayden/Trust
1549 Ayelsbury
City, State, ZIP+4 Plano TX 75075

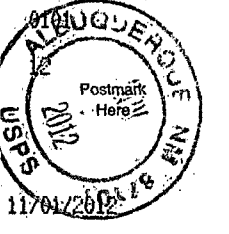
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0160

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

For delivery information visit our website at www.usps.com
PLANO TX 75075
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
Richardson Mineral & Royalty
Street, Apt. No., or PO Box No. PO Box 2423
City, State, ZIP+4 Roswell NM 88202-2423

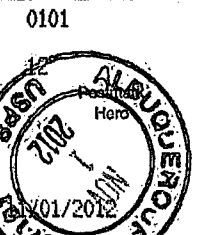
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0172

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

For delivery information visit our website at www.usps.com
ROCHESTER MN 55902
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
Collette E. Herman
Street, Apt. No., or PO Box No. 3725 11th Ave. SW
City, State, ZIP+4 Rochester MN 55902

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0184

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

For delivery information visit our website at www.usps.com
ROSWELL NM 88201
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
Kennon M Crowhurst
Street, Apt. No., or PO Box No. 1304 W. 4th Street
City, State, ZIP+4 Roswell NM 88201

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0191

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com
DEXTER NM 88230

OFFICIAL USE	
Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To

Street, Apt. No., or PO Box No. Michael S. White
PO Box 580
City, State, ZIP+4 Dexter NM 88230

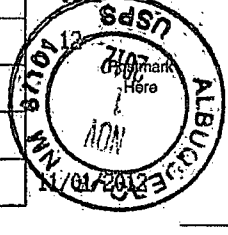
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0207

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

For delivery information visit our website at www.usps.com
ROSWELL NM 88201

OFFICIAL USE	
Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To

Street, Apt. No., or PO Box No. Mario Picon
5014 West Berrondo Rd
City, State, ZIP+4 Roswell NM 88201

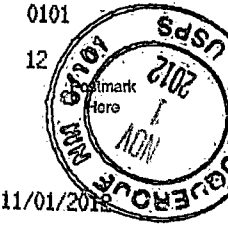
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0214

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

For delivery information visit our website at www.usps.com
LUBBOCK TX 79424

OFFICIAL USE	
Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To

Street, Apt. No., or PO Box No. Jerry D. Romero
5713-95th Street
City, State, ZIP+4 Lubbock TX 79424

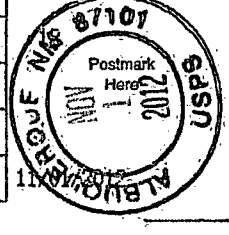
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0221

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

For delivery information visit our website at www.usps.com
LE MARS IA 51031

OFFICIAL USE	
Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To

Street, Apt. No., or PO Box No. Lynette P. Radke
624 Happy Trails Dr
City, State, ZIP+4 LeMars IA 51031

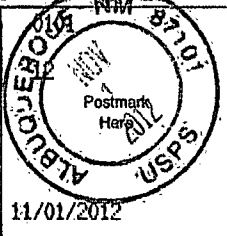
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8696 0009

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

For delivery information visit our website at www.usps.com
MIDLAND TX 79710

OFFICIAL USE	
Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To

Street, Apt. No., or PO Box No. Michael Harrison Moore, Trustee
P.O. Box 51570
City, State, ZIP+4 Midland TX 79710-1570

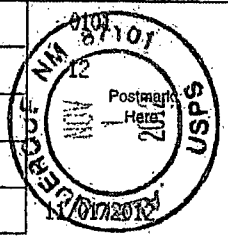
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7184

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

For delivery information visit our website at www.usps.com
SOUTH LAKE TX 76092

OFFICIAL USE	
Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To

Street, Apt. No., or PO Box No. Richard Lyons Moore, Trustee
1150 North Carroll Avenue
City, State, ZIP+4 Southlake TX 76092

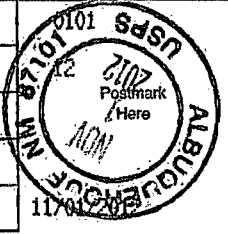
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7153

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

For delivery information visit our website at www.usps.com
GILBERT AZ 85297
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20



Sent To
Street, Apt. No., or PO Box No. April Elizabeth Tucker
4308 South Rim Court
City, State, ZIP+4 Gilbert AZ 85297

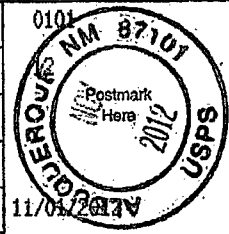
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7160

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

For delivery information visit our website at www.usps.com
DALLAS TX 75283
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20



Sent To
Street, Apt. No., or PO Box No. Bank of America NA, Trustee of
the Myrtle L. Davis Oil Trust
City, State, ZIP+4 PO Box 830308
Dallas TX 75283

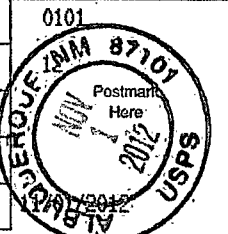
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7177

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

For delivery information visit our website at www.usps.com
DALLAS TX 75205
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20



Sent To
Street, Apt. No., or PO Box No. Beams Mineral Co.
4925 Greenville, Ave Suite 714
City, State, ZIP+4 Dallas TX 75205-4084

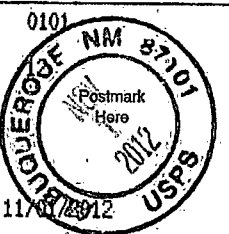
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7191

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

For delivery information visit our website at www.usps.com
OKLAHOMA CITY OK 73101
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20



Sent To
Street, Apt. No., or PO Box No. C.S. Daley
1110 N.W. 16th Street
City, State, ZIP+4 Oklahoma City OK 73106-6001

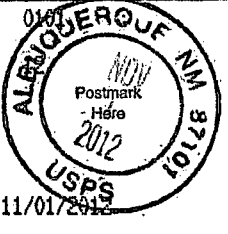
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7207

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

For delivery information visit our website at www.usps.com
ROSWELL NM 88202
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20



Sent To
Street, Apt. No., or PO Box No. Clark C. Coll, ssp
PO Box 1818
City, State, ZIP+4 Roswell NM 88202-0818

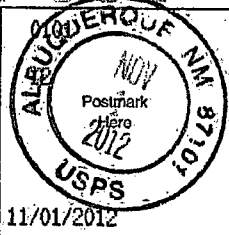
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7214

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

For delivery information visit our website at www.usps.com
CLEVELAND OH 44111
OFFICIAL USE

Postage	\$	\$2.90
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.20



Sent To
Street, Apt. No., or PO Box No. David H. Ellison, as PR of the
Estate George Rittenhouse Ellison
City, State, ZIP+4 3118 Carroll Ave
Cleveland OH 44113

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7221

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

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

ROSWELL NM 88202

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.20

11/01/2012

Postmark Here

Sent To
 Eric J. Coll, ssp
 PO Box 1818
 Roswell NM 88202-0818

PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7245

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

GREENWOOD MS 38935

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.20

11/01/2012

Postmark Here

Sent To
 Floyd M. Melton, Jr.
 Successor Trustee
 PO Box 534
 Greenwood MS 38935-0534

PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7269

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

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

OKLAHOMA CITY OK 73116

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.20

11/01/2012

Postmark Here

Sent To
 George T. Blankenship, Jr.
 6412 Avondale Dr., Suite 400
 Oklahoma City OK 73116

PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7238

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

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

PHOENIX AZ 85050

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.20

11/01/2012

Postmark Here

Sent To
 Etz Oil Properties, LTD
 PO Box 73406
 Phoenix AZ 85050

PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7252

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

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

MCALLEN TX 78504

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.20

11/01/2012

Postmark Here

Sent To
 George H. Etz, Jr. as Trustee
 1105 Xanthisma
 McAllen TX 78504

PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7276

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

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

MIDLAND TX 79701

OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 8.20

11/01/2012

Postmark Here

Sent To
 GNX Energies, Inc
 550 W. Texas, Suite 1140
 Midland TX 79701

PS Form 3800, August 2008 See Reverse for Instructions

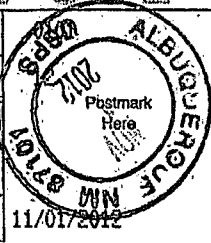
7012 1640 0001 8695 7283

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

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

OKLAHOMA CITY OK 73118
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Harry Levy
 5715 North Western, Suite C
 City, State, ZIP+4 Oklahoma City, OK 73118

PS Form 3800, August 2006 See Reverse for Instructions

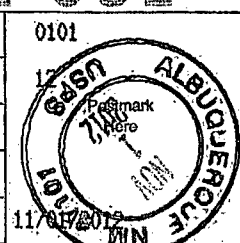
7012 1640 0001 8695 7290

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

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

OKLAHOMA CITY OK 73170
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To James L. Marr, as Trustee of the
 Street, Apt. No., or PO Box No. M&M Families Trust
 1308 SW 114th
 City, State, ZIP+4 Oklahoma City OK 73170

PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7306

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

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

ROSWELL NM 88202
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Jon F. Coll II ssp
 PO Box 1818
 City, State, ZIP+4 Roswell NM 88202-0818

PS Form 3800, August 2006 See Reverse for Instructions

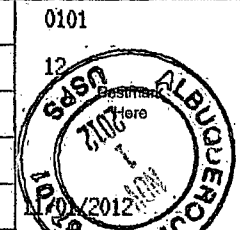
7012 1640 0001 8695 7313

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

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

MESA AZ 85213
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Judith Rittenhouse
 2434 E. Contessa Street
 City, State, ZIP+4 Mesa AZ 85213

PS Form 3800, August 2006 See Reverse for Instructions

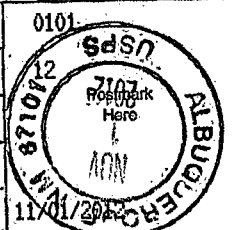
7012 1640 0001 8695 7320

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

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

JACKSON MS 39202
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Lewis Weldon Beard
 1510 Belmont Street
 City, State, ZIP+4 Jackson MS 39202

PS Form 3800, August 2006 See Reverse for Instructions

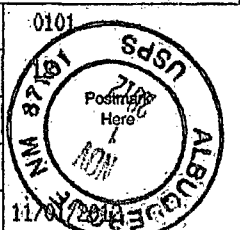
7012 1640 0001 8695 7337

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

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

AGATE CO 80101
OFFICIAL USE

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No., or PO Box No. Libby Linn Underwood Morrish
 1388 Midland Street
 City, State, ZIP+4 Brighton CO 80101

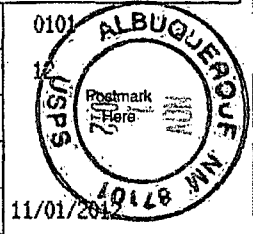
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7344

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

For delivery information visit our website at www.usps.com
OFFICIAL USE
GREENWOOD MS 38935

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No.; or PO Box No. Loran Tyner Lamb
 PO Box 534
 City, State, ZIP+4 Greenwood MS 38935

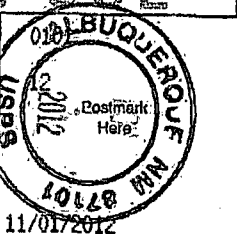
PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7351

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

For delivery information visit our website at www.usps.com
OFFICIAL USE
OKLAHOMA CITY OK 73126

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No.; or PO Box No. Map 2001-Nct
 PO Box 268988
 City, State, ZIP+4 Oklahoma City OK 73126

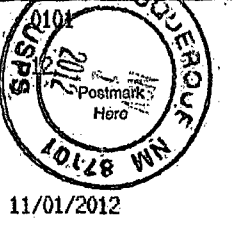
PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7368

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

For delivery information visit our website at www.usps.com
OFFICIAL USE
ODESSA TX 79761

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No.; or PO Box No. Mary Carolyn Fasken Belcher
 1314 Bonham
 City, State, ZIP+4 Odessa TX 79761

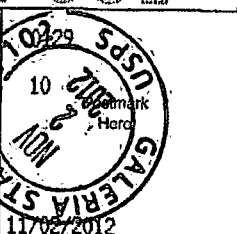
PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7481

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

For delivery information visit our website at www.usps.com
OFFICIAL USE
ROSWELL NM 88202-0818

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No.; or PO Box No. Max W. Coll III, ssp
 PO Box 1818
 City, State, ZIP+4 Roswell NM 88202-0818

PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7498

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

For delivery information visit our website at www.usps.com
OFFICIAL USE
SANTA FE NM 87505-9008

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No.; or PO Box No. Max W. Coll, II; ssp
 83 La Barbara Trail
 City, State, ZIP+4 Santa Fe NM 87505-9008

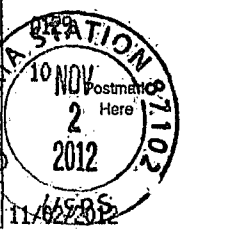
PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7504

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

For delivery information visit our website at www.usps.com
OFFICIAL USE
VAN NUYS CA 91411

Postage	\$ 2.90
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 8.20



Sent To
 Street, Apt. No.; or PO Box No. Melanic Coll DeTempe, ssp
 5653 Tobias Avenue
 City, State, ZIP+4 Van Nuys CA 91411

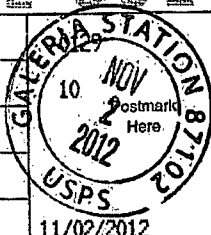
PS Form 3800, August 2008 See Reverse for Instructions

7012 1640 0001 8695 7511

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

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

OFFICIAL USE
 GREENWOOD MS 38935

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

11/02/2012

Sent To: Molly Catherine Lamb
 Street, Apt. No., or PO Box No.: PO Box 534
 City, State, ZIP+4: Greenwood MS 38935

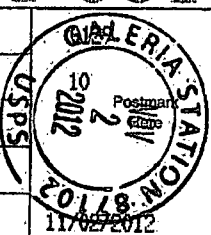
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7528

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

OFFICIAL USE
 DENVER CO 80237

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

11/02/2012

Sent To: Oxford Exploration Company
 Street, Apt. No., or PO Box No.: PO Box 370390
 City, State, ZIP+4: Denver CO 80237

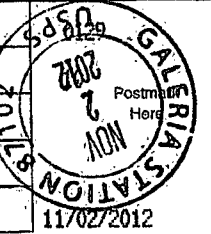
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7535

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

OFFICIAL USE
 OKLAHOMA CITY OK 73112

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

11/02/2012

Sent To: Royalty Holding Company
 Street, Apt. No., or PO Box No.: 3535 NW 58th Suite 720
 City, State, ZIP+4: Oklahoma City OK 73112

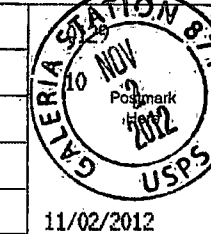
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7542

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

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

OFFICIAL USE
 SANTA FE NM 87508

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

11/02/2012

Sent To: Sally Rodgers, ssp
 Street, Apt. No., or PO Box No.: 152 Arroyo Hondo Rd
 City, State, ZIP+4: Santa Fe NM 87508

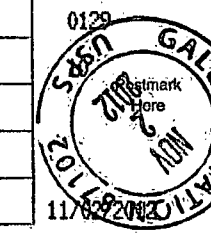
PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7559

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

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

OFFICIAL USE
 JACKSON MS 39202

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

11/02/2012

Sent To: Susan Lamb Griffith
 Street, Apt. No., or PO Box No.: 1510 Belmont Street
 City, State, ZIP+4: Jackson MS 39202


PS Form 3800, August 2006 See Reverse for Instructions

7012 1640 0001 8695 7566

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

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

OFFICIAL USE
 JACKSON MS 39202

Postage	\$ 2.90	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 8.20	

11/02/2012

Sent To: Thomas Weldon Tucker
 Street, Apt. No., or PO Box No.: 1510 Belmont Street
 City, State, ZIP+4: Jackson MS 39202

PS Form 3800, August 2006 See Reverse for Instructions

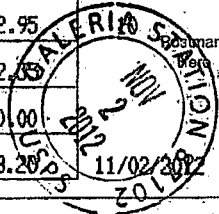
7012 1640 0001 8695 7573

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

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

OFFICIAL USE
DENTON TX 76209-6491

Postage	\$	\$2.90	0129
Certified Fee		\$2.95	
Return Receipt Fee (Endorsement Required)		\$2.00	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$8.20	



Sent To

Street, Apt. No. or PO Box No. Wanda Doss Ellison, Exccutrix
2505 Whispering Oaks

City, State, ZIP+4 Denton TX 76209-6491

erroneously
signed by
K. W. Gann
Mary
Belcher
has box on
list

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>Mary Lu Shaw</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Mary Carolyn Fasken Belcher 1314 Bonham Odessa TX 79761	B. Received by (Printed Name) MARY LU SHAW	C. Date of Delivery 11/3/2012
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	7012 1640 0001 8695 7368	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>Lynette P. Radke</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Lynette P. Radke 624 Happy Trails Dr LeMars IA 51031	B. Received by (Printed Name)	C. Date of Delivery 11-3-12
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	7012 1640 0001 8696 0221	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>Pamela D. Shipp</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Wm. Marshall Shipp & Pamela Ann Dixon Shipp/Trustees of Shipp Trust 1104 West Ave J. Lovington NM 88260	B. Received by (Printed Name) PAMELA SHIPP	C. Date of Delivery 11-2-12
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	7012 1640 0001 8696 0061	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Western Commerce Bank/Trustee
 Frances J. Freeman Trust
 PO Box 1627
 Lovington NM 88261-1627 ✓

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7012 1640 0001 8696 0030**

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mack Energy Corporation
 PO Box 960
 11344 Lovington Hwy
 Artesia, NM 88211 ✓

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7012 1640 0001 8696 0368**

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

College of the Southwest
 6610 Lovington Highway
 Hobbs NM 88240 ✓

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7012 1640 0001 8696 0283**

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Kathy Donaghe</i>	
1. Article Addressed to:	B. Received by (Printed Name) KATHY DONAGHE	C. Date of Delivery
Chase Oil Corporation P.O. Box 1767 Artesia NM 88210	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number: (Transfer from service label)	7012 1640 0001 8696 0504	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:	B. Received by (Printed Name) LAWYER SARUBEN	C. Date of Delivery 11-2-12
A.C. Ranch-NM A General Partnership 817 N. Grimes Hobbs NM 88248	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number: (Transfer from service label)	7012 1640 0001 8696 0344	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery 11-2-12
Robert W. Lansford 606 Abo Hobbs NM 88240	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number: (Transfer from service label)	7012 1640 0001 8695 9867	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Yates Petroleum Corp.
105 South Fourth St.
Artesia NM 88210

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 9829

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Andrew*
 Agent
 Addressee

B. Received by (Printed Name)

X *Andrew*

C. Date of Delivery

1/2/12
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE 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:

April Elizabeth Tucker
4308 South Rim Court
Gilbert AZ 85297

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7153

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *April Tucker*
 Agent
 Addressee

B. Received by (Printed Name)

X *April Tucker*

C. Date of Delivery

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

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**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:

Jimmy B. Cooper
P.O. Box 36
Monument NM 88265

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0481

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jimmy Cooper*
 Agent
 Addressee

B. Received by (Printed Name)

X *Jimmy Cooper*

C. Date of Delivery

1/2/12
 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

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">Myco Industries, Inc. 105 South Fourth St. Artesia NM 88210</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>11-2-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 1640 0001 8696 0603</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">Judith Rittenhouse 2434 E. Contessa Street Mesa AZ 85213</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>Judith Rittenhouse</i></p> <p>C. Date of Delivery <i>11/03/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 1640 0001 8695 7313</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p style="text-align: center;">Carlin Properties, LLC P.O. Box 188 Monument NM 88265-0188</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>TIM CARLIN</i></p> <p>C. Date of Delivery <i>11-2-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 1640 0001 8696 0436</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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:

Randy D. Smith and
Naomi C. Smith
PO Box 633
Carlsbad NM 88221

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *Naomi Smith* C. Date of Delivery *2/2/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: *99*

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: **7012 1640 0001 8696 0351**
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Max W. Coll III, ssp
PO Box 1818
Roswell NM 88202-0818

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *2/2/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: *7012 1640 0001 8695 7481*

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: **7012 1640 0001 8695 7481**
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Marshall & Winston, Inc.
PO Box 50880
Midland TX 79710-0880

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *Mikela Barton* C. Date of Delivery *11/5/12*
 D. Is delivery address different from item 1? Yes No
 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: **7012 1640 0001 8696 0375**
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rolla R. Hinkle, III
 & Rosemary Hinkle
 PO Box 2292
 Roswell NM 88202-2292

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0320

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

Madison Hinkle

C. Date of Delivery

11/5/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Oscura Resources
 PO Box 2292
 Roswell NM 88202-2292

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0306

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

Madison Hinkle

C. Date of Delivery

11/5/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

R.R. Hinkle Co., Inc.
 PO Box 2292
 Roswell NM 88202-2292

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0313

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

Madison Hinkle

C. Date of Delivery

11/5/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

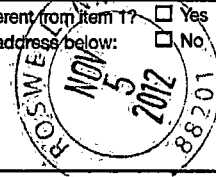
Clark C. Coll, ssp
 PO Box 1818
 Roswell NM 88202-0818

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7012 1640 0001 8695 7207

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nuevo Seis Limited Partnership
 PO Box 2588
 Roswell NM 88202-2588

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7012 1640 0001 8696 0290

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

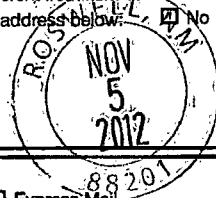
Barbara E. Hannifin and Alan
 Hannifin, Co-Trustees
 PO Box 182
 Roswell NM 88202.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7012 1640 0001 8695 9836

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

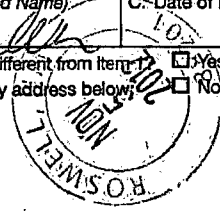
Jon F. Coll II ssp
PO Box 1818
Roswell NM 88202-0818

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

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

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7012 1640 0001 8695 7306
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Madison M. Hinkle, Susan
Hinkle, Madison M. Hinkle III
PO Box 2292
Roswell NM 88202-2292

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7012 1640 0001 8696 0337
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richardson Mineral & Royalty
PO Box 2423
Roswell NM 88202-2423

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: 7012 1640 0001 8696 0160
(Transfer from service label)

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Rolla R. Hinkle II, Marjorie
Hinkle, Rolla R. Hinkle
303 Coal Dr.
Ruidoso NM 88345

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0139

PS Form 3811, February 2004

Domestic Return Receipt

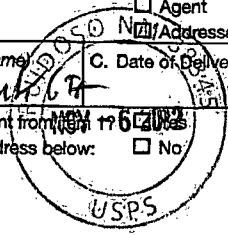
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *Rolla Hinkle II* C. Date of Delivery *NOV 17 6 2012*

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



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Morris E. Schertz
& Holly K. Schertz
PO Drawer 2588
Roswell NM 88202-2588

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0146

PS Form 3811, February 2004

Domestic Return Receipt

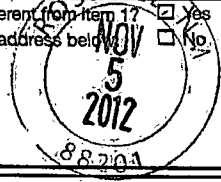
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *Morris E. Schertz* C. Date of Delivery *NOV 5 2012*

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



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Eric J. Coll, ssp.
PO Box 1818
Roswell, NM 88202-0818

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7221

PS Form 3811, February 2004

Domestic Return Receipt

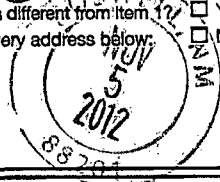
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) *Eric J. Coll* C. Date of Delivery *NOV 5 2012*

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



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Thomas E. Phipps
5720 Wolf Lake Road
Sebring FL 33875

2. Article Number:

(Transfer from service label)

7012 1640 0001 8695 9904

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

Thomas Phipps

C. Date of Delivery

11/5/04

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**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:

Winston Partners, LTD
c/o Meristem
601 Carlson Parkway #800
Minnetonka MN 55305

2. Article Number:

(Transfer from service label)

7012 1640 0001 8696 0405

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

Kerby Rosenberry

C. Date of Delivery

11-5-12

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE 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:

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

2. Article Number:

(Transfer from service)

7012 1640 0001 8696 0238

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jerry D. Romero
5713 95th Street
Lubbock TX 79424

2. Article Number

(Transfer from service label)

7012 1640 0000 8696 0214

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
 Agent
 Addressee

B. Received by (Printed Name)

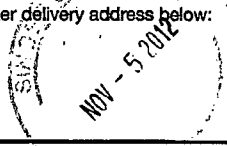
JERRY ROMERO

C. Date of Delivery

11-9-12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Kennon M Crowhurst
1304 W. 4th Street
Roswell NM 88201

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0184

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
 Agent
 Addressee

B. Received by (Printed Name)

KENNON CROWHURST

C. Date of Delivery

11/5/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

1304 W. 4th ST

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J. Pat Corrigan Family
Limited Partnership
7150 20th Street, Suite E
Vero Beach Florida 32966

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0108

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
 Agent
 Addressee

B. Received by (Printed Name)

D. DALOUS

C. Date of Delivery

11/5/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Max W. Coll, II, ssp
83 La Barbara Trail
Santa Fe NM 87505-9008

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7498

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

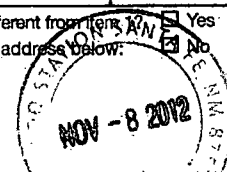
X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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:

Suzanne Shipp Cunningham
Trustee/Suzanne Shipp
Cunningham Trust
3613 E. 49th St.
Tulsa, OK 74135

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0054

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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:

Diana A. Campbell, Trustee
Diana A. Campbell Trust
PO Box 623
Agoura Hills CA 91376-0623

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0078

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>Rathy Stark</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Southwest Royalties, Inc. 6 Desta Drive, Suite 2100 Midland TX 79705		B. Received by (Printed Name) <i>Rathy Stark</i> C. Date of Delivery <i>11/7/12</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 1640 0001 8695 9812			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>George H. Elz, Jr.</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: George H. Elz, Jr. as Trustee 1105 Xanthisma McAllen TX 78504		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 1640 0001 8695 7252			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <i>Curtis Neeley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Curtis Neeley, Trustee PO Box 8992 Horseshoe Bay TX 78657		B. Received by (Printed Name) <i>CURTIS NEELEY</i> C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 1640 0001 8695 9898			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Robert L. McPheron
and Irene L. McPheron
PO Box 6273
Edmond OK 73083

2. Article Number
(Transfer from service label) **7012 1640 0001 8696 0047**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robert L. McPheron

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

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

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

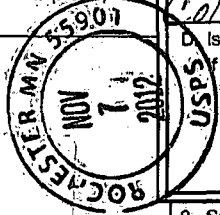
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE 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:

Collette E. Herman
3725 11th Ave. SW
Rochester MN 55902



2. Article Number
(Transfer from service label) **7012 1640 0001 8696 0177**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Collette Herman

B. Received by (Printed Name) C. Date of Delivery
Collette Herman 11/7/02

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE 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:

George T. Blankenship, Jr.
6412 Avondale Dr., Suite 400
Oklahoma City OK 73116

2. Article Number
(Transfer from service label) **7012 1640 0001 8695 7269**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Raeen Dean

B. Received by (Printed Name) C. Date of Delivery
Raeen Dean 11-5-12

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Nancy J. Engstrom, Trustee
 Nancy J. Engstrom Trust
 PO Box 2399
 Santa Barbara CA 93120-2399

2. Article Number
(Transfer from service label)

7012 1640 0001 8696 0092

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
x Nancy Engstrom Addressee
- B. Received by (Printed Name) Agent
Nancy Engstrom Addressee
- C. Date of Delivery
11/8/12
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE 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:

Nationsbank of Texas, N. A.
 Trustee/ Baker Family Trust
 PO Box 830308
 Dallas TX 75283-0308

2. Article Number
(Transfer from service label)

7012 1640 0001 8696 0276

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
x Baker Addressee
- B. Received by (Printed Name) Agent
 NOV 05 2012 Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Trustee of the Trusts created for
 Kathleen Cone
 P.O. Box 3499
 Tulsa OK 74101

2. Article Number
(Transfer from service label)

7012 1640 0001 8695 9966

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
x K Moore Addressee
- B. Received by (Printed Name) Agent
D Moore Addressee
- C. Date of Delivery
11-7-12
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE 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:

Colleen M. Newman
#24 Club Circle
Sherwood AR 72120

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0399

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Colleen M. Newman

Agent

Addressee

B. Received by (Printed Name)

Colleen M. Newman

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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:

P.J. Hannifin Family Trust
765 Santa Camelia Drive
Solana Beach CA 92075

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 9843

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X P.J. Hannifin

Agent

Addressee

B. Received by (Printed Name)

P.J. Hannifin

C. Date of Delivery

11/17

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Libby Linn Underwood Morrish
1388 Midland Street
Brighton CO 80101

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7337

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Alan Morrish

Agent

Addressee

B. Received by (Printed Name)

Alan Morrish

C. Date of Delivery

11/17

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael Harrison Moore, Trustee
P.O. Box 51570
Midland TX 79710-1570

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0009

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Terri Turner Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Terri Turner 11/6/12

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE 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:

Lanexo, Inc.
PO Box 2730
Midland TX 79702

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0573

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ric Flores Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Ric Flores 11-6-12

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE 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:

Southwestern Public Service Co.
P.O. Box 840
Denver CO 80211

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0412

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

[Signature] 11-6-12

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE 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:

Loran Tyner Lamb
PO Box 534
Greenwood MS 38935

2. Article Number (Transfer from service label) **7012 1640 0001 8695 7344**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Debbie Tingle

B. Received by (Printed Name) *Debbie Tingle* C. Date of Delivery *11-6-12*

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

3. Service Type *2012*
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

NOV 06 2012

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:

Molly Catherine Lamb
PO Box 534
Greenwood MS 38935

2. Article Number (Transfer from service label) **7012 1640 0001 8695 7511**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Debbie Tingle

B. Received by (Printed Name) *Debbie Tingle* C. Date of Delivery *11-6-12*

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

NOV 06 2012

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:

Floyd M. Melton, Jr.
Successor Trustee
PO Box 534
Greenwood MS 38935-0534

2. Article Number (Transfer from service label) **7012 1640 0001 8695 7245**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Debbie Tingle

B. Received by (Printed Name) *Debbie Tingle* C. Date of Delivery *11-6-12*

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

NOV 06 2012

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:

Larry T. Long, Managing Trustee
P.O. Box 3096
118 South Kilgore Street
Kilgore TX 75663

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 9973

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tina Koch* Agent Addressee

B. Received by (Printed Name)

Tina Koch

C. Date of Delivery

11-5-12

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Devon Energy Corp.
20 North Broadway
Suite 1500
Oklahoma City OK 73102-8260

2. Article Number

(Transfer from service label)

7012 1640 0001 8696 0535

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**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:

Map 2001-Net
PO Box 268988
Oklahoma City OK 73126

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7351

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

James L. Marr, as Trustee of the
M&M Families Trust
1308 SW 114th
Oklahoma City OK 73170

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 11-5-12

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) 7012 1640 0001 8695 7290

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LFN Conc Properties, LLC
P.O. Box 41809
Austin TX 78704

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 Nadia Cone 11-5-12

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) 7012 1640 0001 8695 9959

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Billy Glenn Spradlin
29 Rim Road
Kilgore TX 75662

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 B.C. SPRADLIN 11-6

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7012 1640 0001 8695 9997

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Corrigan Southern Land
& Cattle Co., LLC
8117 Preston Road, Suite 610
Dallas TX 75225

2. Article Number
(Transfer from service label) **7012 1640 0001 8696 0269**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Stacy Day Agent
 Addressee

B. Received by (Printed Name) *Stacy Day* C. Date of Delivery *11-5*

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE 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:

XTO Energy, Inc.
810 Houston St.
Fort Worth TX 76102-6398

2. Article Number
(Transfer from service label) **7012 1640 0001 8695 9805**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Shel Bell Agent
 Addressee

B. Received by (Printed Name) *Shel Bell* C. Date of Delivery **NOV 05 2012**

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE 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:

Lewis Weldon Beard
1510 Belmont Street
Jackson MS 39202

2. Article Number
(Transfer from service label) **7012 1640 0001 8695 7320**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Susan Lamb Beard Agent
 Addressee

B. Received by (Printed Name) *Susan Lamb Beard* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Beams Mineral Co.
4925 Greenville, Ave Suite 714
Dallas TX 75205-4084

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7177

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Thomas*

Agent

Addressee

B. Received by (Printed Name)

CTHOMAS

C. Date of Delivery

11-5

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Richard Lyons Moore, Trustee
1150 North Carroll Avenue
Southlake TX 76092

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7184

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lyons Moore*

Agent

Addressee

B. Received by (Printed Name)

Lyons Moore

C. Date of Delivery

11-5-12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Etz Oil Properties, LTD
PO Box 73406
Phoenix AZ 85050

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7238

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Cathy Evers*

Agent

Addressee

B. Received by (Printed Name)

Cathy Evers

C. Date of Delivery

11/06/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Royalty Holding Company
3535 NW 58th
Suite 720
Oklahoma City, OK 73112

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7535

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gloria Criser

 Agent Addressee

B. Received by (Printed Name)

Gloria Criser

C. Date of Delivery

11-5-12

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**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:

Melanie Coll DeTempe, ssp
5653 Tobias Avenue
Van Nuys CA 91411

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7504

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Coll

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/5/12

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

David H. Ellison, as PR of the
Estate George Rittenhouse Ellison
3118 Carroll Ave
Cleveland, OH 44113

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 7214

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

David Ellison

 Agent Addressee

B. Received by (Printed Name)

DAVID ELLISON

C. Date of Delivery

11-7-12

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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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:

Vickie Sue Garcia
2848 Jeffries Ranch Road
Oceanside CA 92057-4906

2. Article Number
(Transfer from service label)

7012 1640 0001 8696 0245

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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:

Susan Lamb Griffith
1510 Belmont Street
Jackson MS 39202

2. Article Number
(Transfer from service label)

7012 1640 0001 8695 7559

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

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 Weldon Tucker
1510 Belmont Street
Jackson MS 39202

2. Article Number
(Transfer from service label)

7012 1640 0001 8695 7566

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Mary Ann Stephenson</i></p>	
<p>1. Article Addressed to:</p> <p>Mary Ann Hastings Stephenson 3805 River View Road NW Albuquerque NM 87105</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>MARY ANN STEPHENSON</i></p>	
		<p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7012 1640 0001 8696 0382</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Sally Rodgers</i></p>	
<p>1. Article Addressed to:</p> <p>Sally Rodgers, ssp 152 Arroyo Hondo Rd. Santa Fe NM 87508</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Sally Rodgers</i></p>	
		<p>C. Date of Delivery</p> <p><i>11/21/04</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7012 1640 0001 8695 7542</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits:</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Tamarac Exploration</i></p>	
<p>1. Article Addressed to:</p> <p>LeaCo New Mexico Exploration and Production, LLC 2000 Post Oak Blvd. Suite 100 Houston, TX 77056</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Tamarac Exploration</i></p>	
		<p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7012 1640 0001 8696 0580</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chevron Texaco Inc.
P.O. Box 1635
Houston TX 77251

2. Article Number
(Transfer from service label)

7012 1640 0001 8696 0511

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

Anthony Alley

C. Date of Delivery

11-6-12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Exxon Mobil Corp.
PO Box 2305
Houston TX 77252

2. Article Number
(Transfer from service label)

7012 1640 0001 8696 0559

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* NOV 09 2012

- Agent
 Addressee

B. Received by (Printed Name)

JAMES FELDER

C. Date of Delivery

11/9/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE 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:

Cathie Cone McCown as Trustee
P.O. Box 507
Dripping Springs TX 78620

2. Article Number
(Transfer from service label)

7012 1640 0001 8695 9942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* SPRING POST

- Agent
 Addressee

B. Received by (Printed Name)

BILLY MCGOWAN

C. Date of Delivery

11/9/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Bill McCown</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Bill McCown</i></p> <p>C. Date of Delivery <i>11/9/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>3. Service Type <i>78620</i></p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Cathie Cone Auvenshine McCown P.O. Box 658 Dripping Springs TX 78620</p>		
2. Article Number (Transfer from service label) 7012 1640 0001 8695 9928		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Amelia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Amelia</i></p> <p>C. Date of Delivery <i>11/9/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Occidental Permian Limited Partnership P.O. Box 4294 Houston TX 77210-4294</p>		
2. Article Number (Transfer from service label) 7012 1640 0001 8695 9775		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Wendy Notz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wendy Notz</i></p> <p>C. Date of Delivery <i>11/8/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Jane S. Notz 917 Ridge Road Cheyenne WY 82001</p>		
2. Article Number (Transfer from service label) 7012 1640 0001 8696 0115		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Michael S. White
PO Box 580
Dexter NM 88230

2. Article Number:

(Transfer from service label)

7012 1640 0001 8696 0191

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael White*
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-9-12

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

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE 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:

Shayne Kathleen Maloney Carlin
Timothy James Carlin
9801 Carlsbad Highway
Hobbs, NM 88240

2. Article Number:

(Transfer from service label)

7012 1640 0001 8696 0467

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tim Carlin*
 Agent
 Addressee

B. Received by (Printed Name)

Tim CARLIN

C. Date of Delivery

11-13-12

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

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE 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:

Bank of America NA, Trustee of
the Myrtle L. Davis Oil Trust
PO Box 830308
Dallas TX 75283

2. Article Number:

(Transfer from service label)

7012 1640 0001 8695 7160

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Reed*
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

NOV 05 2012

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

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE 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:

✓

Kennith G. Cone
P.O. Box 11310
Midland TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
R. Shapiro

B. Received by (Printed Name) *SHAPIRA* C. Date of Delivery *11/6/02*

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) **7012 1640 0001 8696 0566**

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Burlington Resources Oil & Gas
600 N Dairy Ashford Rd
3WL-5th Floor
Attn: Mr. Landman
Houston, TX 77079

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
CLM

B. Received by (Printed Name) *CLM* C. Date of Delivery *11/2/02*

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) **7007 2680 0002 7514 5983**

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Conoco Phillips Co
600 N Dairy Ashford Rd
3WL-5th Floor
Attn: Mr. Landman
Houston TX 77079

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
CLM

B. Received by (Printed Name) *CLM* C. Date of Delivery *11/2/02*

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) **7007 2680 0002 7514 5976**

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

Delivery confirmation:
Green card lost in return mail

English

Customer Service

USPS Mobile

Register / Sign In



Search USPS.com or Track Packages

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

Track & Confirm

GET EMAIL UPDATES

PRINT DETAILS

YOUR LABEL NUMBER

70121640000186960498

ABO Petroleum

SERVICE

First-Class Mail®

STATUS OF YOUR ITEM

Delivered

DATE & TIME

November 02, 2012, 9:24 am

LOCATION

ARTESIA, NM 88210

FEATURES

Expected Delivery By:
November 3, 2012
Certified Mail™
Return Receipt

Arrival at Unit

November 02, 2012, 9:38 am

ARTESIA, NM 88210

Acceptance

November 01, 2012, 3:50 pm

ALBUQUERQUE, NM 87101

Check on Another Item

What's your label (or receipt) number?

Find

LEGAL

Privacy Policy
Terms of Use
FOIA
No FEAR Act EEO Data

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Careers

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Postal Inspectors
Inspector General
Postal Explorer

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C-108 NOTICE LETTER UNDELIVERABLE RETURNS

SURFACE OWNERS – (RETURNED UNDELIVERABLE):

Beverly K. Carlin Guardian of Sarah E. Carlin 11530 Hooker Street Westminster CO 80030 (RETURNED UNDELIVERABLE)	Pamela Kaye Howard and Robert Groves Howard, Jr. 3813 Trevino (RETURNED-UNABLE TO FORWARD) Hobbs NM 88240	Thelma Marie Carlin 312 Walnut Ruidoso NM 88345 (PER USPS TRACKING: NOTICE LEFT BUT NOT CLAIMED)
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OPERATORS &/OR LESSEES – (RETURNED UNDELIVERABLE):

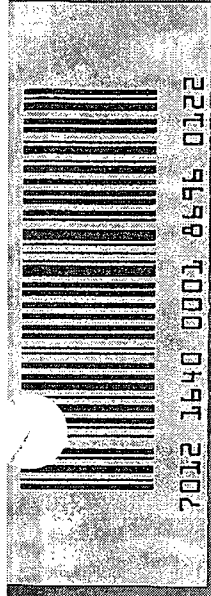
Elk Refining Co. (RETURNED-REFUSED) P.O. Box 1828 Midland TX 79702	O'Brien Goins Simpson (RETURN-NO FORWARDING ADDRESS) Exploration Company 550 W. Texas, Suite 1140 Midland TX 79701	Wolf's Head Oil Refining Co. P.O. Box 1828 (RETURNED-REFUSED) Midland TX 79702
Jack D. Mussett (RETURNED-UNABLE TO FORWARD) 604 Petroleum Bldg. Midland TX 79701	William B. Blakemore, II (RETURNED-NOT KNOWN) 200 West Illinois – Ste 200 Midland TX 79701	Wainoco, Inc. (2ND ATTEMPT NO RESPONSE) 1200 South St. Suite 2100 Houston TX 77002
Tom R. Cone P.O. Box 778 Jay OK 74346 (RETURNED UNDELIVERABLE)	Randy Lee Cone P.O. Box 552 Jay OK 74346 (RETURNED UNDELIVERABLE)	William J. McCormick (2ND ATTEMPT NO RESPONSE) 2905 San Pablo, NE Albuquerque NM 87110
Joe Alexander PO Box 3081 Midland TX 79702 (PER USPS TRACKING: NOTICE LEFT BUT NOT CLAIMED)	Marathon Oil Co. P.O. Box 552 Midland TX 79702 (PER USPS TRACKING: UNDELIVERABLE AT THIS ADDRESS)	

UNLEASED MINERAL OWNERS – (RETURNED UNDELIVERABLE):

Loretta Sue Montgomery (RETURNED-NOT KNOWN) 3553 Appaloosa Dr. Santa Teresa NM 88008	C.S. Daley (RETURNED-NO SUCH NO.) 1110 N.W. 16th Street Oklahoma City OK 73106-6001	GNX Energies, Inc (RETURNED-UNABLE TO FORWARD) 550 W. Texas, Suite 1140 Midland TX 79701
Harrison Levy, as Administrator of the Estate Harry Levy (RETURNED-NOT KNOWN) 5715 North Western, Suite C Oklahoma City, OK 73118	Oxford Exploration Company PO Box 370390 (RETURNED-NOT KNOWN) Denver CO 80237	Mary Carolyn Fasken Belcher 1314 Bonham Odessa, TX 79761 (green card erroneously signed by current owner at this address; contacted us – owned house for 15 years; no forwarding for Ms. Belcher; see 12/4/12 e-mail)
Wanda Doss Ellison, Executrix of the Estate of Charles Donald Ellison, Jr 2505 Whispering Oaks Denton TX 76209-6491 (RETURNED UNDELIVERABLE)	Mary Sharlene Cowan 2106 W. 18 th ST. Pueblo CO 81003 (RETURNED UNDELIVERABLE)	Peggy J. Delgadillo, Trustee Peggy J. Delgadillo Revocable Living Trust 26172 Rainbow Glen Dr. Newhall CA 91321-1369 (RETURNED UNDELIVERABLE)
James Mark McFayden, Adrienne Jacqueline McFayden Joint Living Trust 1549 Ayelsbury Plano TX 75075 (RETURNED UNDELIVERABLE)	Mario Picon 5014 West Berrendo Road Roswell NM 88201 (PER USPS TRACKING: FORWARDED TWICE SINCE 11/2 DELIVERY TO ABOVE ADDRESS – FORWARDED AGAIN ON 12/3/12; NO CONFIRMATION RECEIVED AS OF 12/5/12)	



RETURN RECEIPT REQUESTED



ATTEMPTED NOT KNOWN RETURN TO SENDER

LORETTA SUE MONTGOMERY
3553 APPALOOSA DR.
SANTA TERESA NM 88008

Geotex, Inc.
500 Marquet
Albuquerque N.M. 87102

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:

Loretta Sue Montgomery
3553 Appaloosa Dr.
Santa Teresa NM 88008

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee
 Agent

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

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

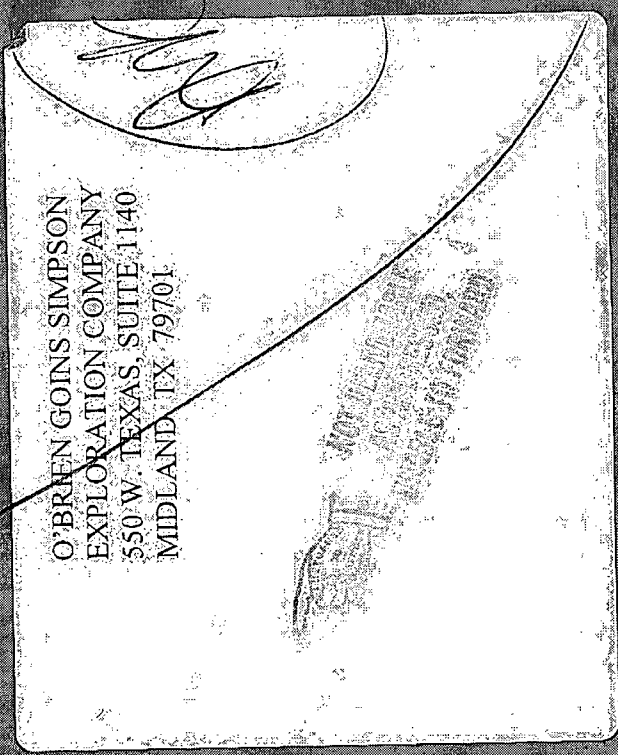
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7012 1640 0001 8696 0122

87101
 NOV. 01, 12
 AMOUNT
\$8.20
 00043331-12
 79701
 1000
 UNITED STATES
 POSTAL SERVICE

**RETURN RECEIPT
REQUESTED**



SENDER: COMPLETE THIS SECTION

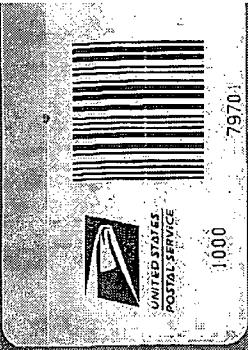
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

O'Brien Goins Simpson
 Exploration Company
 550 W. Texas, Suite 1140
 Midland, TX 79701

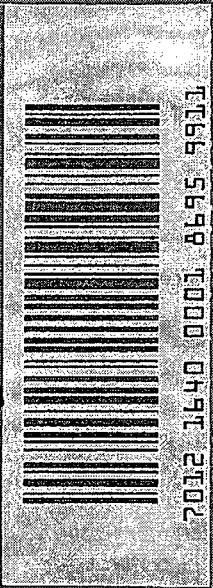
COMPLETE THIS SECTION ON DELIVERY

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



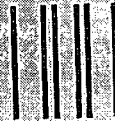
RETURN RECEIPT
REQUESTED

Albuquerque



WILLIAM B. BLAKEMORE, II
200 WEST ILLINOIS - SUITE 200
MIDLAND TX 79701

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Geolex, Inc
500 Marquette Av. NW, #1350
Albuquerque, NM 87102

U.S. AIR MAIL

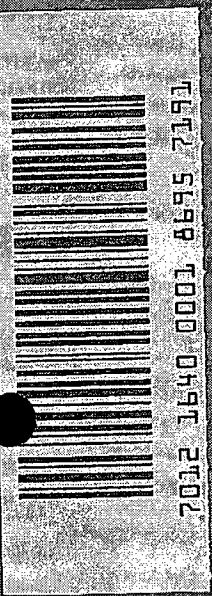


73106



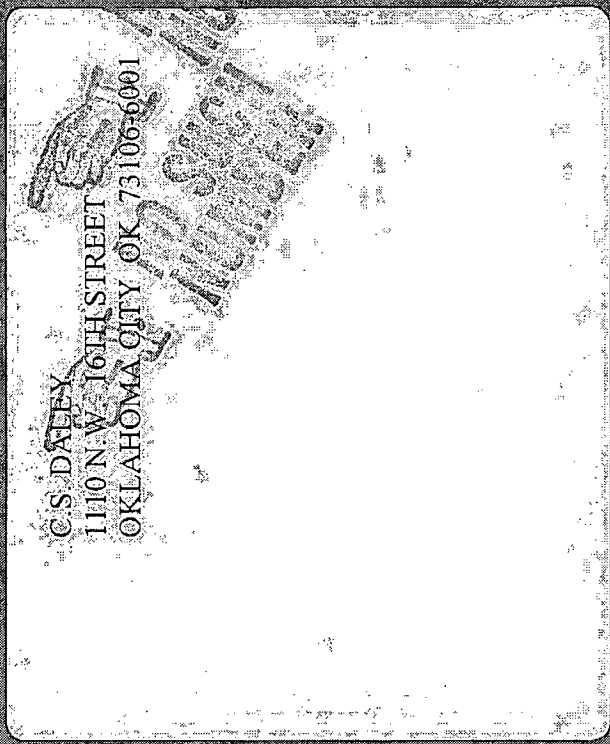
1000

RETURN RECEIPT REQUESTED



7012 1640 0001 8695 7191

MSN



C.S. DALEY
1110 N.W. 16TH STREET
OKLAHOMA CITY OK 73106-6001

Bolex, Inc.
Marquette Ave NW #1350
Albuquerque NM 87102

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:

C.S. Daley
1110 N.W. 16th Street
Oklahoma City OK 73106-6001

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

3. Service Type

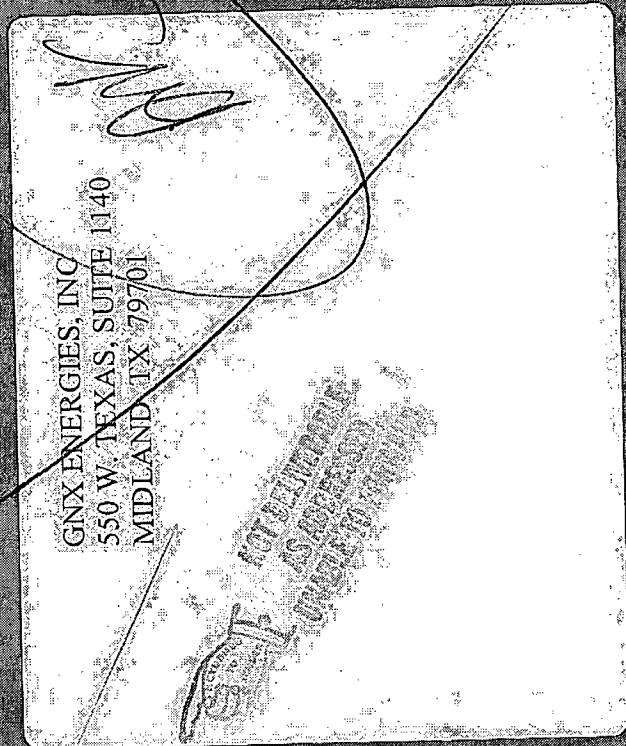
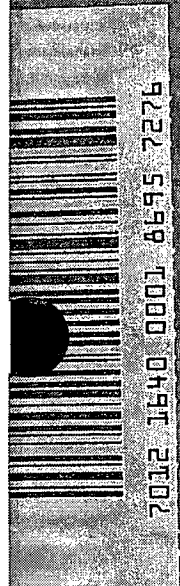
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7012 1640 0001 8695 7191



RECEIPT
REQUESTED



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:

GNX Energies, Inc
550 W. Texas, Suite 1140
Midland TX 79701

2. Article Number
(Transfer from service label)

7012 1640 0001 8695 7276

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

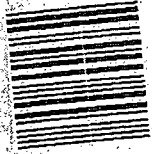
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. POST PAID PERMIT NO. 87101 ALBUQUERQUE, NM 87101

\$8.00 AMOUNT



79702



1000

RETURN RECEIPT REQUESTED



7012 1640 0001 8696 0542

Received

ELK REFINING CO.
P.O. BOX 1828
MIDLAND TX 79702

Refused
ANK

REFUSED

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:

Elk Refining Co.
P.O. Box 1828
Midland TX 79702

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

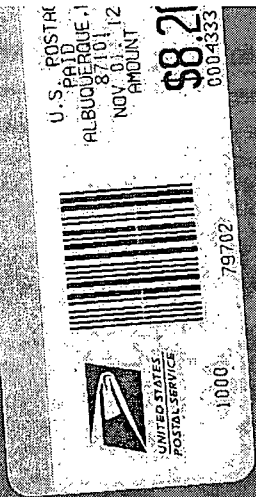
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7012 1640 0001 8696 0542

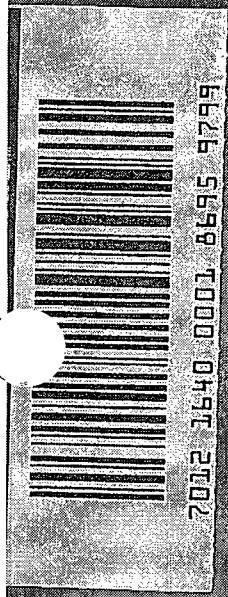
Geotek, Inc.
500 Marquette
Albuquerque, NM

REFUSED



3-11

RETURN RECEIPT REQUESTED



REFUSED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Wolf's Head Oil Refining Co. P.O. Box 1828 Midland, TX 79702 </div>		B. Received by: (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Geolox
500 Main Ave NW 1350
Albuquerque NM 87102

7012 1640 0001 8695 9799

Albuquerque NM 87102



7012 1640 0001 8695 7528



1000



80237

U.S. POSTAGE
PAID
ALBUQUERQUE, NM
87102
NOV 02 '12
AMOUNT

\$8.20
00051409-10

First Class Mail
First Class Mail

RETURN RECEIPT
REQUESTED

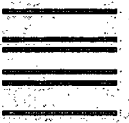
AN/C

OXFORD EXPLORATION
COMPANY
PO BOX 370390
DENVER CO 80237

First-Class Mail
Postage & Fees
USPS
Permit

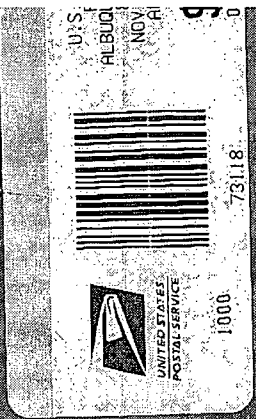
• Sender: Please print your name, address, and ZIP+4 in the box

Albuquerque NM 87102
1551
005
Company in care of
Albuquerque NM

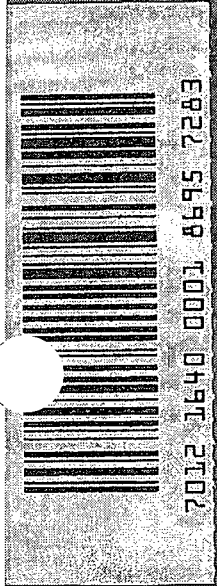


UNITED STATES POSTAL SERVICE

NOT KNOWN
NOT RECORDED



**RETURN RECEIPT
REQUESTED**



HARRY LEVY
5715 NORTH WESTERN, SUITE C
OKLAHOMA CITY, OK 73118

Handwritten signature: H. Levy

Geoflex, Inc.
500 Marquette Ave NW 1350
Albuquerque, NM 87102

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:

Harry Levy
5715 North Western, Suite C
Oklahoma City, OK 73118

2. Article Number
(Transfer from service label)

7012 1640 0001 8695 7283

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. POSTAGE
PAID
ALBUQUERQUE, NM
87102
NDV 05 12
AMOUNT
\$8.20
00051409-1C



79701

1000

First Class Mail

RETURN RECEIPT
REQUESTED

Handwritten initials: JSN

Handwritten address:
JACK D. MUSSETT
604 PETROLEUM BLDG.
MIDLAND TX 79701

Geolex, Inc.
500 Marquette Ave. NW 1350
Albuquerque NM 87102

7012 1640 0001 8695 7474

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jack D. Mussett
604 Petroleum Bldg.
Midland TX 79701

2. Article Number
(Transfer from service label)

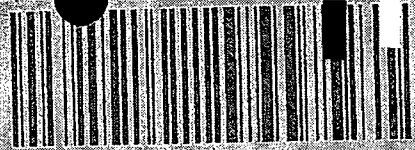
7012 1640 0001 8695 7474

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

Geo
5001

te Ave NW 1350
Albuquerque NM 87102



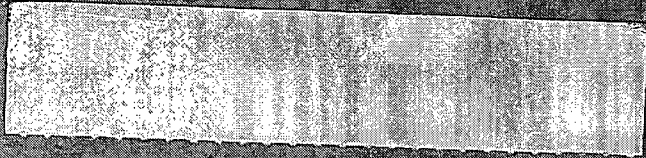
7012 1640 0001 8695 9782

UNITED STATES
POSTAL SERVICE

1000

77002

U.S.
ALBUQUE
NOV



NIXIE

RETURN
UNABLE
UNABLE
RETURN



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:

Wainoco, Inc.
1200 South St.
Suite 2100
Houston TX 77002

2. Article Number

(Transfer from service label)

7012 1640 0001 8695 9782

PS Form 3811, February 2004

Domestic Return Receipt

1025

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. E

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

WAINOCO
1200 SOUTH
SUITE 2100
HOUSTON

RETURNED 11/19/12
2ND ATTEMPT/RESENT 11/19/12

2nd Attempt



1.000

87110

First Class Mail

RETURN RECEIPT
REQUESTED

WILLIAM J. MCCORMICK
2905 SAN PABLO, NE
ALBUQUERQUE, NM 87110

MCCO905 871102075-1B12
RETURN TO SENDER
MCCORMICK
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER



11/24/12

FWD

RETURN RECEIPT
REQUESTED

7010 0290 0001 9420 7657

UNIFIED MAIL™

FIRST CLASS

FIRST CLASS

FIRST CLASS

Geotex, Inc.
500 Marquette Ave NW 1350
Albuquerque NM 87102

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:

William J. McCormick
2905 San Pablo, NE
Albuquerque NM 87110

2. Article Number
(Transfer from service label) 7010 0290 0001 9420 7657

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) Yes

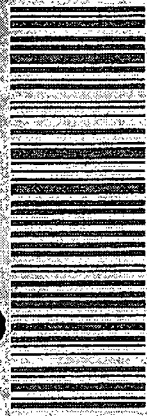
REGISTERED MAIL™

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS



7012 1640 0001 8695 7573

Geotex, Inc.
500 Marquette Ave NW -1350
Albuquerque NM 87102



U.S. POSTAGE
PAID
ALBUQUERQUE, NM 87102
NOV 02 2011
AMOUNT

\$8.00

1000

76209

First Class Mail
First Class Mail

UNDONE!
NOT HERE
MIS

WANDA DOSS ELLISON,
EXECUTRIX
2505 WHISPERING OAKS
DENTON, TX 76209-6491

RETURN RECEIPT
REQUESTED

MAX

11/12/12

NIXIE 762093078-1N

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



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:

Wanda Doss Ellison, Executrix
2505 Whispering Oaks
Denton TX 76209-6491

2. Article Number
(Transfer from service label) **7012 1640 0001 8695 7573**

COMPLETE THIS SECTION ON DELIVERY

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

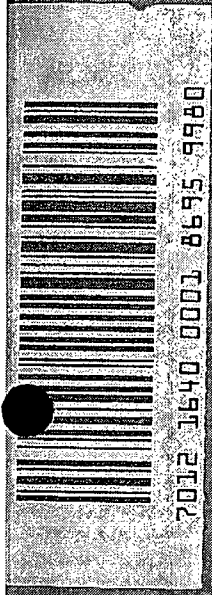
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



RETURN RECEIPT REQUESTED

11/29/12
743462027-1N
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER



RANDY LEE CONE
P.O. BOX 552
JAY OK 74346

11/29/12

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:

Randy Lee Cone
P.O. Box 552
Jay OK 74346

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

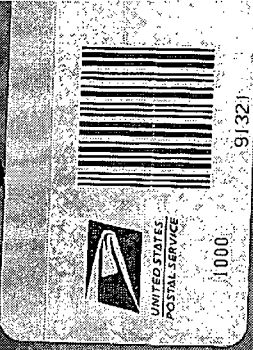
B. Received by (Printed Name) C. Date of Delivery

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

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

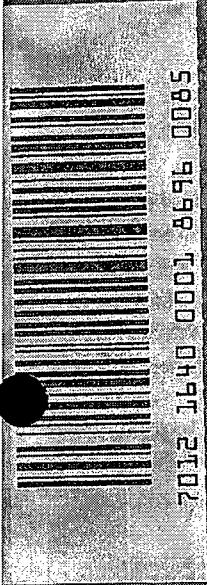
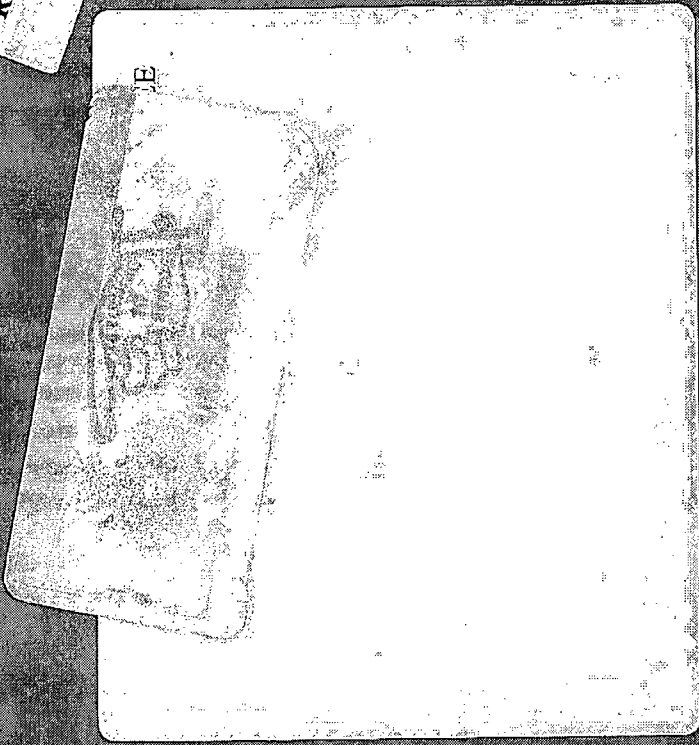
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7012 1640 0001 8695 9980



RETURN RECEIPT REQUESTED

Handwritten scribbles and numbers, possibly '12/11'.



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:

Peggy J. Delgadillo, Trustee
Delgadillo Revocable Trust
26172 Rainbow Glen Dr.
Newhall CA 91321-1369

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7012 1640 0001 8696 0085

Geolox, Inc.
500 Marquette Ave NW #350
Albuquerque NM 87102



RETURN RECEIPT
REQUESTED

11/26/12
NIXTE 300303002-1X
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER

BEVERLY K. CARLIN
GUARDIAN OF SARAH E. CARLIN
11530 HOOKER STREET
WESTMINSTER CO 80030

ATTEMPTED,
NOT KNOWN

7012 1640 0001 8696 0450

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:

Beverly K. Carlin
Guardian of Sarah E. Carlin
11530 Hooker Street
Westminster CO 80030

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

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

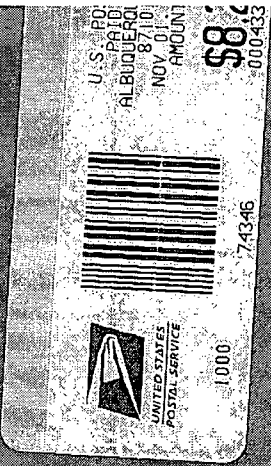
3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7012 1640 0001 8696 0450

Geoflex, Inc.
500 Marquett
Albuquerque NM 87102



RETURN RECEIPT
REQUESTED

11/29/12
RETURN TO SENDER
UNABLE TO FORWARD
RETURN TO SENDER

743462027-IN
NIXIE
74346
RETURN TO SENDER
UNABLE TO FORWARD
RETURN TO SENDER

2012 1640 0001 8695 9935

TOM R. CONE
P.O. BOX 778
JAY OK 74346

11/29

Scotlex, Inc.
800 Marquette Ave. NW - 1350
Albuquerque, NM 87102

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:

Tom R. Cone
P.O. Box 778
Jay OK 74346

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

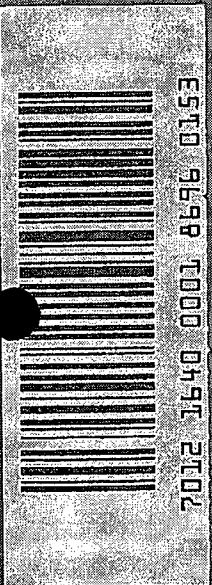
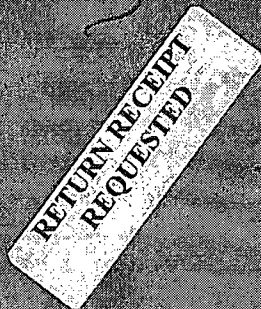
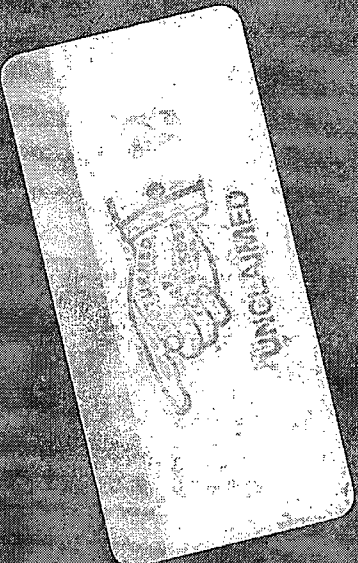
B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

2012 1640 0001 8695 9935



J.M. MCFAYDEN
 A. J. MCFAYDEN/TRUST
 1549 AYELSBURY
 PLANO TX 75075

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

J.M. McFayden,
 A. J. McFayden/Trust
 1549 Ayelsbury
 Plano TX 75075

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes

7012 1640 0001 8696 0153



81003



1000

RETURN RECEIPT
REQUESTED



7012 1640 0001 8696 0252

MARY SHARLENE COWAN
2106 W. 18TH ST.
PUEBLO CO 81003

11/26/02

510036C09-IN

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

NIXIN



11-20

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:

Mary Sharlene Cowan
2106 W. 18th ST.
Pueblo CO 81003

2. Article Number
(Transfer from service label)

7012 1640 0001 8696 0252

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

U.S. MAIL PERMIT NO. 1000 ROSWELL, NM

POSTAL SERVICE



1000

88201

NOV 01, 12
AMOUNT

\$8.20
00043331-12

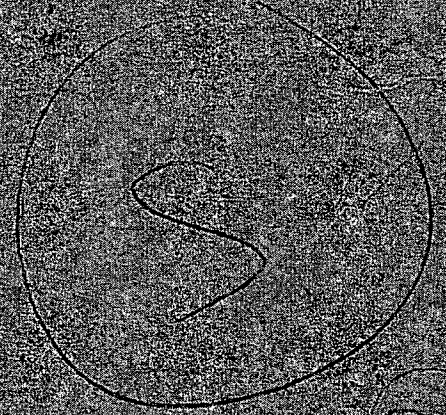
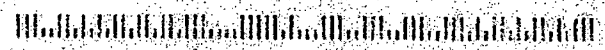
MARIO PICON
5014 WEST BERRENDO RD
ROSWELL, NM 88201

[Handwritten signature]

RETURN RECEIPT
REQUESTED

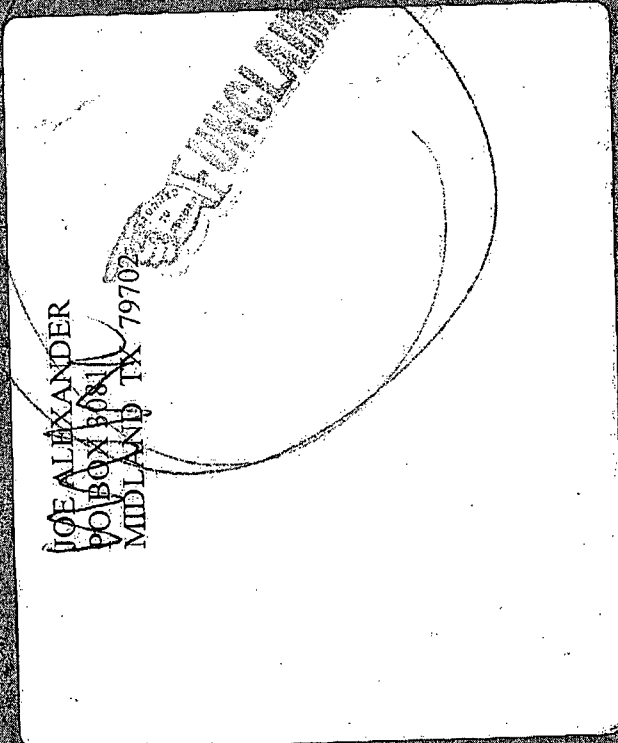
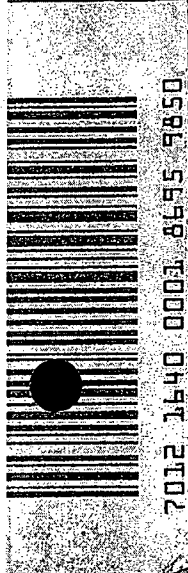
NOREC 882013086-1N 12/13/12
NOREC 882012014-1N 12/19/12
NIXIE 882013072-1N 12/08/12

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER





**RETURN RECEIPT
REQUESTED**



olex, In
NW 1350
87102

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:

Joe Alexander
PO Box 3081
Midland TX 79702

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

7012 1640 0001 8695 9850

English

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Track & Confirm

SET EMAIL UPDATES

PRINT DETAILS

YOUR LABEL NUMBER

70121840000166980443

Thelma Marie Galin

SERVICE

First-Class Mail®

STATUS OF YOUR ITEM

Notice Left

DATE & TIME

November 02, 2012, 2:24 pm

LOCATION

RUIDOSO, NM 88345

FEATURES

Expected Delivery By:
November 3, 2012
Certified Mail®
Return Receipt

Arrival at Unit

November 02, 2012, 8:56 am

RUIDOSO, NM 88345

Acceptance

November 01, 2012, 3:46 pm

ALBUQUERQUE, NM 87101

Check on Another Item

What's your label (or receipt) number?

Find

LEGAL

- Privacy Policy
- Terms of Use
- FOIA
- NO FEAR Act EEO Data

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GET EMAIL UPDATES PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70121640000186960597 <i>Marathon Oil</i>	First-Class Mail®	Undeliverable as Addressed	November 03, 2012 12:16 pm	MIDLAND, TX 79701	Expected Delivery By: November 5, 2012 Certified Mail™ Return Receipt
		Notice Left	November 03, 2012 11:17 am	MIDLAND, TX 79701	
		Arrival at Unit	November 03, 2012 9:53 am	MIDLAND, TX 79701	
		Processed through USPS Sort Facility	November 03, 2012 4:38 am	MIDLAND, TX 79711	
		Acceptance	November 01, 2012 3:55 pm	ALBUQUERQUE, NM 87101	

Check on Another Item

What's your label (or receipt) number?

Find

LEGAL

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- Terms of Use
- FOIA
- No FEAR Act EEO Data

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- Inspector General
- Postal Explorer

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Liz Hill {Geolex}

From: Julie W. Gutierrez [jwg@geolex.com]
Sent: Tuesday, December 04, 2012 3:08 PM
To: liz@geolex.com
Cc: aag@geolex.com
Subject: Certified Mail Package

I got a phone call from a Mrs. Mary Shaw. She says that she signed for a registered package from us that the postman brought to her but that it is not for her, so she called us to tell us what had happened. The letter was addressed to:

Mary Carolyn Belcher (sp?)
1314 Bonham
Odessa, TX 79761

Mrs. Shaw says that she bought the house she is living in at least 15 years ago from the person who had bought it from Ms. Belcher, and does not know Ms. Belcher personally. She does, however, have a forwarding address for Ms. Belcher, but she says that she has not sent anything to it in a number of years and has no idea if Ms. Belcher still lives there. She did try her phone number a few months ago and got a message saying it had been disconnected. Anyway, here is the forwarding address that Mrs. Shaw has:

Mary Carolyn Belcher
8124 Lost Maple
North Richland Hills, TX 76180

I thanked Mrs. Shaw and told her to just destroy the packet of information she got from us.

J

Julie W. Gutiérrez
Geolex, Inc[®]
500 Marquette Avenue, NW Suite 1350
Albuquerque, NM 87102
505-842-8000 Ext. 101
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Affidavit of Publication


State of New Mexico,
County of Lea.

I, JUDY HANNA
PUBLISHER

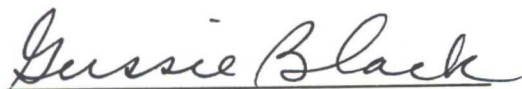
of the Hobbs News-Sun, a
newspaper published at Hobbs, New
Mexico, do solemnly swear that the
clipping attached hereto was
published in the regular and entire
issue of said newspaper, and not a
supplement thereof for a period

of 1 issue(s).

Beginning with the issue dated
November 16, 2012
and ending with the issue dated
November 16, 2012

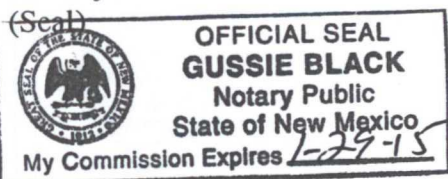

PUBLISHER

Sworn and subscribed to before me
this 16th day of
November, 2012



Notary Public

My commission expires
January 29, 2015



This newspaper is duly qualified to
publish legal notices or
advertisements within the meaning of
Section 3, Chapter 167, Laws of
1937 and payment of fees for said
publication has been made.

LEGAL

LEGAL

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

The State of New Mexico through its Oil Conservation
Division hereby gives notice pursuant to law and the Rules
and Regulations of the Division of the following public
hearing to be held at 9:00 A.M. on December 6, 2012, in
Porter Hall at 1220 South St. Francis, Santa Fe, New
Mexico, before the Oil Conservation Commission. If you
are an individual with a disability who is in need of a reader,
amplifier, qualified sign language interpreter, or any other
form of auxiliary aid or service to attend or participate in the
hearing, please contact: Florene Davidson at
505-476-3458 or through the New Mexico Relay Network,
1-800-659-1779 by December 3, 2012. Public documents
including the agenda and minutes, can be provided in
various accessible forms. Please contact Florene
Davidson if a summary or other type of accessible form is
needed.

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

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

To: Joseph C. Blake; Audrey M. Curry; Joseph
Nelson; Veva K. Nelson; Thelma Marie Carlin; Beverly
K. Carlin Guardian of Sarah E. Carlin; Shayne Kathleen
Maloney Carlin and Timothy James Carlin; Abo
Petroleum Corp.; ConocoPhillips Co.; Kenneth G.
Cone; Marathon Oil Company; Wainoco, Inc.; Joe
Alexander; William J. McCormick; Tom R. Cone; Randy
Lee Cone; Peggy J. Delgadillo, Trustee Peggy J.
Delgadillo Revocable Living Trust; Mary Sharlene
Cowan; James Mark McFayden, Adrienne Jacqueline
McFayden Joint Living Trust; Mario Picon; Bank of
America NA, Trustee of the Myrtle L. Davis Oil Trust;
Wanda Doss Ellison, Executrix of the Estate of Charles
Donald Ellison, Jr.; Burlington Resources Oil & Gas
Co., L.P.; Pamela Kaye Howard and Robert Groves
Howard, Jr.; Elk Refining Co.; Obrien Gains Simpson
Exploration Company; Wolf's Head Oil Refining Co.;
Jack D. Mussett; William B. Blakemore, II; Loretta Sue
Montgomery; C.S. Daley; GNX Energies, Inc.; Harrison
Levy, as Administrator of the Estate of Harry Levy; and
Oxford Exploration Company or their successors, heirs
and devisees.

Case No. 13589: Application of DCP Midstream,
LP to Re-Open Case No. 13589 to Amend Order No.
R-12546 for the Limited Purpose of Authorizing a
Second Acid Gas Injection Well, Lea County, New
Mexico. Applicant DCP Midstream, LP proposes to
re-open Case No. 13589 to amend Order No. R-13589 for
the sole and limited purpose of seeking an order from the
Oil Conservation Commission approving its C-108
application to use the proposed Linam Ranch AGI Well No.
2, to be located in proximity to the existing Linam Ranch
AGI No. 1 well at a location 2,120 feet from the South line
and 2,120 feet from the West line (Unit K) of Section 30,
Township 18 South, Range 37 East, N.M.P.M., Lea County,
New Mexico, as a second injection well. The Applicant
proposes to inject treated acid gas for disposal into the Lower
Bone Spring formation, at an approximate depth of 8,710
feet to 9,140 feet below the surface, under the limits and
conditions imposed by Order No. R-12546, including a
maximum wellhead pressure of 2,644 psig. DCP does not
request an increase in the injection capacity approved
under Order No. R-12546. Rather, DCP requests that the
proposed AGI No. 2 well be approved as a second well to
inject treated acid gas under the existing limits and
conditions already in place under Order No. R-12546. The
proposed well is located approximately 4.5 miles West of
Hobbs, New Mexico.

Given under the Seal of the State of New
Mexico Oil Conservation Division at Santa Fe, New
Mexico on this 15th day of November 2012.

STATE OF NEW MEXICO
OIL CONSERVATION DIVISION

Jami Bailey, Division Director