

**FAX COVER SHEET**

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To:	Mr. Michael Stogner	From:	Nancy Bratcher
Company:	Oil Conservation Division	Date:	May 16, 2006
Fax No:	505-476-3462	Pages:	20
Re:	SS Snakebite #2		

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If you have trouble receiving this fax, please call  
Nancy at 505-748-3303.

P.O. Box 227 • Artesia, New Mexico 88211-0227 • 505-748-3303 • Fax 505-746-2523



# Memo

**To:** Mr. Michael Stogner, Oil Conservation Division  
**Address:** 1220 St. Francis Drive, Santa Fe, NM 87504  
**From:** Nancy Bratcher - Marbob Energy Corporation  
**Date:** 5/16/2006  
**Re:** SS Snakebite #2

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Dear Mr. Stogner:

Enclosed is a copy of the green cards that we received back from the contacted parties and a confirmation sheet that Gretchen T. Lane received her copies by fax. I also enclosed a copy of Cynthia Clayton Burr's returned envelope stating that it was "unclaimed". I spoke with Cynthia and mailed it again. I am still waiting on that green card to return. Last I enclosed the returned envelope stating that Jill E. Cornell's was also "unclaimed". After several phone calls I sent it Fed-Ex and a copy of that is enclosed as well.

If you need anything else or have any questions please call me at 505-748-3303. Thank you and have a great day!

Sincerely,

Nancy Bratcher  
Land Department

The attached is being sent to you without benefit of a formal cover letter in the hope that promptness is more important than formality.

## Confirmation Report - Memory Send

Time : 05-10-06 11:11  
Tel line : 15057462523  
Name : MARBOB

Job number : 785  
Date : 05-10 11:09  
To : 15052947230  
Document pages : 06  
Start time : 05-10 11:09  
End time : 05-10 11:11  
Pages sent : 06  
Status : OK

Job number : 785

\*\*\* SEND SUCCESSFUL \*\*\*



## FAX TRANSMITTAL SHEET

DATE: 5/10/06  
TO: Gretchen T. Lane  
FAX #: 1-(505)-294-7230  
FROM: Nancy Bratcher @ Marbob Energy  
TOTAL # OF PAGES (INCLUDING COVER SHEET): 6

COMMENTS: SS Snakebite #2 unorthodox  
location

IF YOU HAVE ANY TROUBLE RECEIVING THIS FAX, PLEASE CONTACT MS.

PHONE: 505/748-3303

FAX: 505/744-2523

P.O. Box 227 • Artesia, New Mexico 88211-0227 • (505) 748-3303 • Fax (505) 748-2523



Handwritten initials and date: "V/B", "4-24", "4-29".

CERTIFIED MAIL

7005 1A20 0000 6624 2690



**marbob**  
energy corporation

P.O. Box 227    Alaska, N.M. 86211-0227

Cynthia Clayton Burr  
10212 San Luis Rey Place NE  
Albuquerque, NM 87111

5-8  
UNCLAIMED

47 473314/P227

Handwritten barcode-like markings.



**marbob**  
energy corporation

P.O. Box 227 Altus, NM 88211-0227

5-7

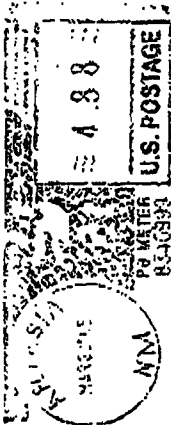
UNCLAIMED

7005 1820 0000 6634 0426

Jill E. Cornell  
5621 Timberline Ave. NW  
Albuquerque, NM 87120

IF THE RETURN ADDRESS IS FOLDED AT ANY TIME

**CERTIFIED MAIL**



1-03  
1921

1ST NOTICE 4-0  
2ND NOTICE 4-0  
RETURN 4-0

5712044659 RB



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

1. Article Addressed to:

D. E. Cornell, IV  
3803 Aspen Ave NE #8  
Albuquerque, NM 87110

SS. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 0433

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:

Kathryn Thickstun Leff  
3131 Xenophon St.  
San Diego, CA 92106-1537

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1812

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:

David J. Sorenson  
PO Box 1453  
Roswell, NM 88202-1453

SS. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1201

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:

Livia Cloman Lynch  
226A N Honeysuckle Ave  
Pagosa Springs, CO 81147

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1867

A. Signature

X *Dudley Cornell* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*Dudley Cornell*

C. Date of Delivery

*4-12-06*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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*LEFF*

C. Date of Delivery

*4/18/06*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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Welsh* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*B. Welsh*

C. Date of Delivery

*4-13-06*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 13 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

*4-12-06*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 17 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Sandra Lee Gonzales  
3065 South Marissa Drive  
Tucson, AZ 85730

S.S. Snakebite #2

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 1676

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:

Jennifer Thickstun Fessler  
2557 Roscomare Rd.  
Los Angeles, CA 90077-1814

S.S. Snakebite #2

2. Article  
(Transfer from service label)

PS Form

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

GARY GONZALES

C. Date of Delivery

4/12/06

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

APR 17 2006

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:

Jennifer Thickstun Fessler  
2557 Roscomare Rd.  
Los Angeles, CA 90077-1814

S.S. Snakebite #2

2. Article  
(Transfer from service label)

PS Form

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

Jennifer Fessler

C. Date of Delivery

4/12/06

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:

Gary T. Cloman  
4 Elk Circle  
Salinas, CA 93905

S.S. Snakebite #2

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 1898

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)

J. Cloman

C. Date of Delivery

4/3/06

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

APR 13 2006

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:

Craig A. Cornell  
43 Rincon Loop Rd.  
Tijeras, NM 87059

S.S. Snakebite #2

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 0440

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)

CRAIG CORNELL

C. Date of Delivery

4/3/06

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

APR 05 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



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

1. Article Addressed to:

Charles Arthur Clayton  
10607 North 33rd Avenue  
Phoenix, AZ 85029

2. A  
(M)  
PS F

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *Shed Short* C. Date of Delivery *4/3/06*
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 05 2006

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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:

BK B: loration Corporation  
101593 11th Street, Suite 401  
Tulsa, OK 74128

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 1546

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) *R. MONTGOMERY* C. Date of Delivery *4/3/06*
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 05 2006

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:

Catherine Ross  
3000 Frontier NE  
Albuquerque, NM 87106

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 0419

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) *A. E. EMMETT ROSS* C. Date of Delivery *4-3-06*
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 05 2006

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:

G Dee Williamson  
Williamson Enterprises  
P.O. Box 2206  
Roswell, NM 88201

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 1638

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) *Vande Thorpe* C. Date of Delivery *4/4/06*
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 05 2006

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Estate of J.C. Davis  
P.O. Box 8343  
Midland, TX 79708-8343

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1706

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:

Sharbro Oil Ltd. Co.  
PO Box 840  
Artesia, NM 88211-0840

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1195

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:

Upside, LLC  
1801 W Second Street  
Roswell, NM 88201

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1164

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:

Louise Tracy  
P.O. Box 868  
Carlsbad, NM 88220

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1645

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

X *Nella Lee Davis*
☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Nella Lee Davis*

## C. Date of Delivery

4-3-06

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Sharon Kram*
☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

*Sharon Kram*

## C. Date of Delivery

4-3-06

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

APR 03 2006

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Tracy N. Diegel*
☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

*Tracy N. Diegel*

## C. Date of Delivery

4-3-06

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

APR 04 2006

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Francis Tracy*
☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

*Francis Tracy*

## C. Date of Delivery

4-3-06

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

APR 04 2006

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

<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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Parrot Head Properties, LLC</b> 1801 W Second Street Roswell, NM 88201</p> <p><i>SS Snakebite #2</i></p>		<p>B. Received by (Printed Name) <i>Tracy Mor. Egn</i> C. Date of Delivery <i>4-3-06</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> <p style="text-align: center;"><b>APR 04 2006</b></p>	
<p>2. Article Number (Transfer from service label) <b>7005 1820 0000 6614 1157</b></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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><b>COMPLETE THIS SECTION ON DELIVERY</b></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Prospector, LLC</b> 1801 W Second Street Roswell, NM 88201</p> <p><i>SS Snakebite #2</i></p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tracy Mor. Egn</i> C. Date of Delivery <i>4-3-06</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> <p style="text-align: center;"><b>APR 04 2006</b></p>	
<p>2. Article Number (Transfer from service label) <b>7005 1820 0000 6614 1140</b></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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><b>COMPLETE THIS SECTION ON DELIVERY</b></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Francis G. Tracy, Jr. Credit Trust</b> PO Box 700 Carlsbad, NM 88221-0700</p> <p><i>SS Snakebite #2</i></p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tracy Mor. Egn</i> C. Date of Delivery <i>4-3-06</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> <p style="text-align: center;"><b>APR 04 2006</b></p>	
<p>2. Article Number (Transfer from service label) <b>7005 1820 0000 6614 0389</b></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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><b>COMPLETE THIS SECTION ON DELIVERY</b></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Pitch Energy Corporation</b> PO Box 304 Artesia, NM 88211-0304</p> <p><i>SS Snakebite #2</i></p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Tracy Mor. Egn</i> C. Date of Delivery <i>4-3-06</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> <p style="text-align: center;"><b>APR 04 2006</b></p>	
<p>2. Article Number (Transfer from service label) <b>7005 1820 0000 6614 1171</b></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so 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:

Diverse GP, III  
 PO Box 2059  
 San Antonio, TX 78297-2059

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1577

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:

Rachelle E. Gamble  
 300. Bandon Avenue SW  
 Bandon, OR 97411

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1911

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:

John Thickstun  
 6672 Michaeljohn  
 La Jolla, CA 92037-6239

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1836

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:

Carol Ann Cloman  
 4560 Nassaa Place  
 Boulder, CO 80301-6032

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1874

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

X *[Signature]*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*George Ramos*

## C. Date of Delivery

*4/10/06*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 10 2006

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## A. Signature

X *[Signature]*☒ Agent☐ Addressee

## B. Received by (Printed Name)

*John L. Gamble*

## C. Date of Delivery

*4/10/06*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

APR 10 2006

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## A. Signature

X *[Signature]*☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Beatriz Merida*

## C. Date of Delivery

*4/10/06*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 10 2006

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## A. Signature

X *[Signature]*☐ Agent☒ Addressee

## B. Received by (Printed Name)

*Carol Cloman*

## C. Date of Delivery

*4/10/06*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

APR 10 2006

## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so 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 Thickstun  
 5690 Arbor Grove Ct.  
 San Diego, CA 92121-4343

S.S. Snakebite #2

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 1799

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:

George G. Eddy, Jr.  
 Trustee, Josephine Tracy Eddy Revocable Trust  
 809 Terrace Mountain Drive  
 Austin, TX 78746-2850

S.S. Snakebite #2

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 0372

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:

Chesapeake Energy Corporation  
 P.O. Box 18496  
 Oklahoma City, OK 73154

S.S. Snakebite #2

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 1935

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:

Sarah Magee  
 PO Box 506  
 Hot Springs, AR 71902-0506

S.S. Snakebite #2

2. Article Number  
(Transfer from service label)

7005 1820 0000 6614 1799

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

X

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/4/06

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

APR 10 2006

## 3. Service Type

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

## 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

APR 10 2006

## 3. Service Type

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

## 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

APR 10 2006

## 3. Service Type

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

## 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

APR 10 2006

## 3. Service Type

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

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so 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 Thickstun  
 312 Foxglove  
 Kyle, TX 78640

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1805

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-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:

Kona, Ltd.

6800 Imperial Valley Dr., Suite 27  
 Houston, TX 77060-3144

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1584

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-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:

Bill Toffelmire  
 10760 Villa Torre Street  
 Las Vegas, NV 89141

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1720

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-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:

Steve Toffelmire  
 415 North Front Street  
 Dardanelle, AR 72834-3827

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1133

PS Form 3811, February 2004

## 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

## 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

## 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

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Christopher G. Cornell  
-402 Spencer  
Las Vegas, NV 89101

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1119

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:

Genesis Limited Partnership  
PO Box 1363  
Mt. Pleasant, SC 29465-1363

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1553

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:

Christine Clayton  
5240 La Colonia NW  
Albuquerque, NM 87120

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1669

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:

Wadi Petroleum, Inc.  
4355 Sylvanfield Dr., Suite 200  
Houston, TX 77014

SS Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1188

A. Signature

X *Patricia J. Whitman*☐ 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

APR 10 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stephen W. Speed*☒ 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

APR 10 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Christine Clayton*☐ 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

APR 06 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lehi L Caldwell*☐ 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

APR 10 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Carolyn Dean  
c/o Robert Schwartz  
16514 Amargos Dr.  
Houston, TX 77083

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1768

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *[Signature]*
☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-9-06

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

APR 10 2006

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:

Union Texas Oklahoma Explor. & Prod. Inc.  
14000 Quail Springs Parkway, #600  
Oklahoma City, OK 73134-2600

SS. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 0396

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

4-6

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

APR 10 2006

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:

Pozo Rico Partners, Ltd.  
PO Box 51707  
Midland, TX 79710-1707

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1607

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

4/6/06

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

APR 10 2006

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:

Malcom D. Perry  
11082 Harrison Drive  
Sonora, CA 95370

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1928

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

4-9-06

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

APR 10 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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. Dyche  
5 Gutierrez Canyon Road  
Tijeras, NM 87059-7405

S.S. snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 0402

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1340

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

James L. Dyche

C. Date of Delivery

4-4-6

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

APR 10 2006

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, Trustee  
T. J. and Mary Ray Sivley Trust  
PO Box 840738  
Dallas, TX 75284-0738

S.S. snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1560

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1340

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Daryl Buckle

C. Date of Delivery

4-4-6

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

APR 10 2006

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:

Jeffery A. Powers  
10234 Limestone St.  
Parker, CO 80134

S.S. snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1850

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1340

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Jeffery A. Powers

C. Date of Delivery

4-4-6

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

APR 10 2006

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.

1. Article Addressed to:

10234 Limestone St.

Parker, CO 80134

S.S. snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1850

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1340

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Jeffery A. Powers

C. Date of Delivery

4-4-6

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so 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:

JoAnna T. Sandoval  
 50 LaGrima Rd.  
 Belen, NM 87002-9334

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1775

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

x *JoAnna Sandoval*☐ Agent☐ Addressee

B. Received by (Printed Name)

JOANNA SANDOVAL

C. Date of Delivery

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

APR 10 2006

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:

Cody Energy, Inc.  
 PO Box 3010  
 Cody, WY 82414

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1621

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Cher Rosecrance*☒ Agent☐ Addressee

B. Received by (Printed Name)

Cher Rosecrance

C. Date of Delivery

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

APR 07 2006

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:

Tex-OK Energy, LP  
 PO Box 3010  
 Cody, WY 82414

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Cher Rosecrance*☒ Agent☐ Addressee

B. Received by (Printed Name)

Cher Rosecrance

C. Date of Delivery

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

APR 07 2006

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:

Lanita Williamson  
 9352 Highedge Circle  
 Dallas, TX 75238

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1591

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lanita C. Williamson*☐ Agent☐ Addressee

B. Received by (Printed Name)

L. WILLIAMSON

C. Date of Delivery

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

APR 11 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Magnum Hunter Production, Inc.  
PO Box 140907  
Irving, TX 75014-0907

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 0181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sean Jensen

C. Date of Delivery

4-7-06

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

APR 07 2006

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:

Sharon Sullivan  
7962 S. Vine Ct.  
Centennial, CO 80122-3215

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1843

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)

Sharon Sullivan

C. Date of Delivery

4-7-06

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:

Charles G. Tracy  
1235 North Loop West, Suite 907  
Houston, TX 77008

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1713

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)

Debra Derouin

C. Date of Delivery

4-7-06

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

APR 07 2006

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:

Jane Streich  
6003 Parkwood Place  
Sugar Land, TX 77748

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1751

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)

Jane Streich

C. Date of Delivery

4-7-06

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

APR 07 2006

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
■ Print your name and address on the reverse so 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:

Patricia B. White  
806 Lori Dawn  
San Antonio, TX 78258

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1737

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X *Patricia B. White*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/13/06

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

ADD ON 2/13/06

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:

William A. Cloman, III  
PO Box 3022  
Saratoga, CA 95070-1022

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

7005 1820 0000 6614 1881

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W.A. Cloman*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-4-06

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

APR 12 2006

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:

Melinda Benagh  
14401 Fallen Timber Dr.  
Austin, TX 78734

S.S. Snakebite #2

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melinda Benagh*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-4-06

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

APR 12 2006

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

☐ Yes

**Stogner, Michael, EMNRD**

---

**From:** Nancy Bratcher [landtech@marbob.com]  
**To:** Stogner, Michael, EMNRD  
**Cc:**  
**Subject:** SS Snakebite #2  
**Attachments:**

**Sent:** Mon 5/22/2006 11:54 AM

Dear Mr. Stogner:

May 16 I faxed you a copy of the green cards that we received back from the contacted parties on the SS Snakebite #2. This coming Friday, May 26, we have a chance to move to that location. My boss, Raye Miller, is in Chicago this week and has asked me to contact you to see if there is any way we can get our application approved before Friday for this unorthodox location. Please advise us if it can't be approved before Friday and we will make other arrangements. You can email me back at [landtech@marbob.com](mailto:landtech@marbob.com) or you can call me at 505-748-3303.

Thank you for your time,

Nancy Bratcher  
Land Department

Note to file p1050-609357505

Highlights from my telephone conversation w/ Mr.  
Raye Miller @ 8:45 AM, May 31, 2006:

- directional drilling is not cost effective
- location chosen to avoid severe slope / hill side
- Unit B is located at the edge of an existing farm w/ cultivation
- there is a City of Carlsbad water supply pipeline in the general area of avoidance
- the Loise Tracy lease comprises the NW $\frac{1}{4}$  NE $\frac{1}{4}$ , S $\frac{1}{2}$  NE $\frac{1}{4}$ , and S $\frac{1}{2}$  NW $\frac{1}{4}$  of Sec. 9
- NE $\frac{1}{4}$  NE $\frac{1}{4}$  of Sec. 9 has identical ownership as to WTE, Royalty, and overriding royalty interests.

~ 10:00 AM Wed. June 7, 2006 Mr. Raye Miller came by to check on the status of this application. I will leave a message on his cell phone once an return is received: (505) - 513-0176

