

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

**APPLICATION OF MARBOB ENERGY CORPORATION FOR STATUTORY UNITIZATION OF THE DODD FEDERAL UNIT AREA AND TO AUTHORIZE UNORTHODOX WELL LOCATIONS IN THE DODD FEDERAL UNIT, EDDY COUNTY, NEW MEXICO.**

**CASE NOS. 11350 AND 13349**

**AFFIDAVIT**

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

William F. Carr, attorney in fact and authorized representative of Marbob Energy Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice of the above-referenced Application was mailed to the interested parties shown on Exhibit "A" attached hereto in accordance with Oil Conservation Division Rules, and that true and correct copies of the notice letter and proof of notice are attached hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 6<sup>th</sup> day of ~~September~~ <sup>October</sup> 2004 by

William F. Carr  
  
OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 01/14/07

  
\_\_\_\_\_  
Notary Public

My Commission Expires: January 14, 2007

BEFORE THE OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico  
Case Nos. 13349 & 13350 Exhibit No. 10  
Submitted by:  
Marbob Energy Corporation  
Hearing Date: October 7, 2004

**Application of Marbob Energy Corporation  
for Statutory Unitization and to Authorize  
Unorthodox Well Locations Within the  
Dodd Federal Unit Area  
Eddy County, New Mexico**

**Exhibit A**

Kyle L. Fulton  
P. O. Box 65264  
Lubbock, TX 794645810

Stanley William Rosenfield Trust  
Stanley W. Rosenfield Trustee  
2029 Century Park East  
Los Angeles, CA 90667

Pitch Energy Corporation  
Post Office Box 304  
Artesia, NM 88211-0304

Sylvia H. Oliver  
2431 Condor  
Colorado Springs, CO 80909

Elks National Foundation  
James W. O. Kelley Director  
2750 N. Lakeview Avenue  
Chicago, IL 60614-1089

Timothy T. Leonard  
Post Office Box 2625  
Eagle Pass, TX 78852

Shattuck-St. Mary's School  
Post Office Box 218  
Faribault, MN 55021-02185

Roger Penske  
Penske Corporation  
187 Highway 36  
West Long Branch, NJ 07764-1304

George S. McCall  
400 Spillar Lane  
Austin, TX 78746-4437

Dana Lyn Bukowski Trust #175  
Northern Trust Bank of Texas  
P. O. Box 226270  
Dallas, TX 75222-6270

Charles and Jan Mee Rev. Trust  
1208 Larchmont Lane  
Oklahoma City, OK 73116-6104

Donald & Marilyn Harris Trust  
Donald A. Harris  
2249 Elsinore Road  
Riverside, CA 92506

Marbob Energy Corporation  
Post Office Box 227  
Artesia, NM 88211-0227

Boys & Girls Clubs of America  
National Headquarters  
1230 W. Peachtree Street, NW  
Atlanta, GA 30309-3447

Leonard Trust  
Robert J. and Marion Leonard Trustees  
Post Office Box 400  
Roswell, NM 88202-0400

New Mexico Boys and Girls Ranches, Inc.  
formerly New Mexico Boys Ranch Inc.  
Business Office  
6209 Hendrix Rd NE  
Albuquerque, NM 87110-1334

Gary B. Laughlin  
3831 Turtle Creek Blvd #18-D  
Dallas, TX 75219-4414

Nancy Harrell  
James E. Harrell  
4928 Post Oak Timber Drive  
Houston, TX 77056-2212

James E. Lyon Estate  
c/o John D. Hughes Independent Ex.  
1415 Louisiana Suite 3700  
Houston, Texas 77002

David Frame, Jr.  
PMB 919  
1302 Waugh Drive  
Houston, TX 77019

Edward J. Hudson, Jr.  
c/o Blaffer Interests  
35 N. Wynden Drive  
Houston, TX 77056

Robert H. Hannifin  
Post Office Box 218  
Midland, TX 79702-0318

Kyle L. Fulton  
Post Office Box 64923  
Lubbock, TX 79464

Patrick J. Hannifin  
765 Santa Camelia Drive  
Solana Beach, CA 92075-1612

Betty H. Adkins  
7107 S. Hudson Circle  
Littleton, CO 80122-2541

Regents, University of New Mexico  
Leonard Trust  
UNM Pre-Audit Dept.  
Scholes Hall Room #260  
Albuquerque, NM 87131-3111

Richard Lance Chase  
Post Office Box 359  
Artesia, NM 88211-0359

Charles B. Dowaliby  
211 W. Tilden  
Roswell, NM 88201-5746

Grethe Hostmalingen  
Gamle Roisliveien 17  
N 2613 Lillehammer  
Norway

Allan C. George  
280 Beacon Street  
Boston, MA 02116-1241

Petco Limited  
Post Office Box 911  
Breckenridge, TX 76424-0911

Jennifer Stewart Lyon Trust  
Compass Bank Co. TRE #0254  
P. O. Box 4886  
Houston, TX 77210-4886

MEXCO Energy Corporation  
P. O. Box 10502  
Midland, TX 79702

Robert Lee Blaffer Hudson  
35 N. Wynden Drive  
Houston, TX 77056

Robert C. Chase  
Post Office Box 297  
Artesia, NM 88211-0297

Marilyn Jean Van Petten  
1555 Alabama Street  
Amarillo, TX 79102-2226

Kathryn McCormick  
2905 San Pablo Street NE  
Albuquerque, NM 87110-2716

Margaret Wycocki  
721 Robins Road  
Lansing, MI 48917-2022

The Bishop Whipple Schools  
Shattuck-St. Mary's School  
Post Office Box 218  
Faribault, MN 55021-02185

James M. Dowaliby  
5353 Townsend Avenue  
New Haven, CT 06512-3626

Mary Evelyn Roberts  
1111 North Pennsylvania Avenue  
Roswell, NM 88201-5046

Hans Teisner  
Sognsveien 63 A  
0851 Oslo  
Norway

Sylvia H. Oliver  
618 Oakwood Place NE  
Albuquerque, NM 87123

Melissa Lyon Fuller Simon Tr  
Compass Bank Co. TRE #0213  
P. O. Box 4886  
Houston, TX 77210-4886

Gregg E. Goodall, et ux, Jean  
P. O. Box 1152  
Breckenridge, TX 76424

John F. Haire  
3502 W Avenue K-4  
Lancaster, CA 93536

Betty J. Haire  
116 Travis Drive  
Eules, TX 76039-2019

S. E. Murphree Jr.  
Apt. 103  
9333 Memorial Drive  
Houston, TX 77024-5735

Central Texas Operating Inc.  
Attn: Gregg Goodall  
P. O. Box 1152  
Breckenridge, TX 76424-1152

OOPS Inc.  
Attn: Anne D. Owen  
5120 Woodway Drive, Suite 9001  
Houston, TX 77056-1724

Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

James Blaffer Owen  
Blaffer Agency Min Sec Acct No 1013067  
JP Morgan Chase Bank Agent & AIF  
P. O. Box 200336  
Houston, TX 77216-0336

Joyce Blaffer Von Bother  
c/o Lawson & Holland  
One Linden Place  
Great Neck, NY 11021

Bruce W. McClymond  
P. O. Box 41  
Breckenridge, TX 76424

Veslemoy Andresen Roer  
Gullkroken 5  
0377 Oslo  
Norway

Nuevo Seis Ltd Partnership  
P. O. Box 2588  
Roswell, NM 88202-2588

H. L. Brown Operating LLC  
Attn: Accounting Department  
P. O. Box 2237  
Midland, TX 79702-2237

Molly M. Azopardi  
P. O. Box 620  
Wimberley, TX 78676

R. H. Fulton Estate  
Joe K. Fulton Foreign Ind. Ex.  
P. O. Box 16860  
Lubbock, TX 79490-6860

Chase Oil Corporation  
P. O. Box 1767  
Artesia, NM 88211-1767

David M. Munson, Jr.  
P. O. Box 671096  
Dallas, TX 75367-1096

Jack Fulton Jr.  
P. O. Box 16860  
Lubbock, TX 79490-6860

Carolyn B. Wood Trustee  
Wood Heritage Trust  
P. O. Drawer 1011  
Refugio, TX 78377-1011

Bean Family Limited Company  
P. O. Box 1738  
Roswell, NM 88202-1738

Nancy K. McClymond S/F  
P. O. Box 513  
Ranchos de Taos, NM 87557

John M. McCoy  
108 Vista Del Sol  
Belen, NM 87002

Elizabeth M. Brown Trust BB  
Acct. No. W0110300  
Frost National Bank  
P. O. Box 1600  
San Antonio, TX 78296

Claire Beine George  
7102 South Harrison Court  
Littleton, CO 80122

Robert Blaffer Hudson  
Chase Bank  
Post Office Box 200336  
Houston, TX 77216-0336

James E. Lyon Estate  
Sherry Norman  
Compass Bank Asset Management Group  
P. O. Box 4886  
Houston, TX 77210-4886

Gerene Dianne Chase Crouch  
Oil Account  
P. O. Box 693  
Artesia, NM 88211-0693

Joyce Blaffer Von Bother  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

Hanson Energy  
R342 S. Haldeman Road  
Artesia, NM 88210

C. O. Fulton  
P. O. Box 1121  
Artesia, NM 88211-1121

Featherstone Development Corp.  
1801 West Second Street  
Roswell, NM 88201

Latimer Investments, LLC  
P. O. Box 5422  
Hobbs, NM 88241-5422

Webb Oil  
2409 Cerro Road  
Artesia, NM 88210

David M. Munson, Jr.  
Post Office Box 310  
Paris, TX 75461-0310

SOOL, Ltd.  
Post Office Box 2237  
Midland, TX 79702-2237

Roger Penske  
Penske Corporation  
2555 S. Telegraph road  
Bloomfield Hills, MI 48302-0954

Edward J. Hudson, Jr.  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
605 S. 15th  
Artesia, NM 88210

Bill L. Miller  
P. O. Box 17432  
Ft. Worth, TX 76102

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

James L. Brown  
311 Main Road  
Ruidoso, NM 88345

Chevron Texaco  
1111 Bagby Street  
Houston, TX 77002

Mack Energy Corporation  
P. O. Box 960  
Artesia, NM 88210

Registered No.

RB265798695US

Date Stamp

To Be Completed By Post Office	Reg. Fee \$	7.50	Special Delivery \$	
	Handling Charge \$		Return Receipt \$	1.75
	Postage \$	8.70	Restricted Delivery \$	
	Received by <i>[Signature]</i>			

UNIT ID: 0500  
Clerk: K05K1J  
09/16/04

Domestic Insurance Is Limited To \$25,000; International Indemnity Is Limited (See Regulations)

Customer Must Declare Full Value \$ *C*

With Postal Insurance  
 Without Postal Insurance

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM  
HOLLAND & HART  
P/O Box 2208  
SANTA FE, NM  
87504-2208

TO  
GRETHE HOSTMÄLLINGEN  
LAMLE ROESLIVÆTEN 17  
N 2613 LILLEHAMMER  
NORWAY



PS Form 3806, June 2000

Receipt for Registered Mail

(Customer Copy) (See Information on Reverse)

To Be Completed by the office of origin. (A remplir par le bureau d'origine.)

Item Description (Nature de l'envoi)	Registered Article (Envoi recommandé) <input type="checkbox"/>	Letter (Lettre) <input type="checkbox"/>	Printed Matter (Imprimé) <input checked="" type="checkbox"/>	Other (Autre) <input type="checkbox"/>	Recorded Delivery (Envoi à livraison attestée) <input type="checkbox"/>	Express Mail International <input type="checkbox"/>
Insured Parcel (Colis avec valeur déclarée) <input type="checkbox"/>	Insured Value (Valeur déclarée)	Article Number RB 265798695US				
Office of Mailing (Bureau de dépôt) GRETHE HOSTMÄLLINGEN				Date of Posting (Date de dépôt)		
Addressee Name or Firm (Nom ou raison sociale du destinataire) LAMLE ROESLIVÆTEN 17						
Street and No. (Rue et No.) N 2613 LILLEHAMMER						
Place and Country (Localité et pays) NORWAY						
This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)						Postmark of the office of destination (Timbre du bureau de destination)
<input type="checkbox"/> The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)					Date	
Signature of Addressee (Signature du destinataire) Grethe Hostmøllingen				Office of Destination Employee Signature (Signature de l'agent du bureau de destination)		

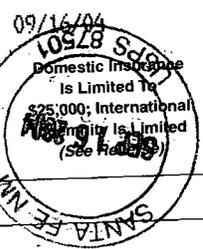
Form 2865, February 1997 (Reverse)

Registered No. RB265798681US

Date Stamp

To Be Completed By Post Office	Reg. Fee \$	7.50	Special Delivery \$	
	Handling Charge \$		Return Receipt \$	1.75
	Postage \$	8.70	Restricted Delivery \$	
	Received by			

UNIT ID: 0500  
Clerk: KQ5K1J



Customer Must Declare Full Value \$ 0  With Postal Insurance  Without Postal Insurance

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

FROM: HOLLAND & HART  
P.O. Box 2208  
SANTA FE, NM  
87504-2208

TO: HANS TEISNER  
SOGNSVEIEN 63 A  
0851 OSLO  
NORWAY

PS Form 3806, June 2000 Receipt for Registered Mail (Customer Copy) (See Information on Reverse)

UNITED STATES POSTAL SERVICE <b>REGISTERED MAIL</b>	Item Description (Nature de l'envoi)	Registered Article (Envoi recommandé) <input type="checkbox"/>	Letter (Lettre) <input type="checkbox"/>	Printed Matter (Imprimé) <input type="checkbox"/>	Other (Autre) <input type="checkbox"/>	Recorded Delivery (Envoi à livraison attestée) <input type="checkbox"/>	Express Mail International <input type="checkbox"/>	
	Insured Parcel (Colis avec valeur déclarée) <input type="checkbox"/>	Insured Value (Valeur déclarée)	Article Number		RB265798681			
	Office of Mailing (Bureau de dépôt)	HANS TEISNER		Date of Posting (Date de dépôt)				
	Addressée Name or Firm (Nom ou raison sociale du destinataire)	SOGNSVEIEN 63 A						
	Street and No. (Rue et No.)	0851 OSLO						
	Place and Country (Localité et pays)	NORWAY						
	This receipt must be signed by: (1) the addressee; or, (2) a person authorized to sign under the regulations of the country of destination; or, (3) if those regulations so provide, by the employee of the office of destination. This signed form will be returned to the sender by the first mail. (Cet avis doit être signé par le destinataire ou par une personne y autorisée en vertu des règlements du pays de destination, ou, si ces règlements le comportent, par l'agent du bureau de destination, et renvoyé par le premier courrier directement à l'expéditeur.)						Postmark of the office of destination (Timbre du bureau de destination)	
	<input type="checkbox"/> The article mentioned above was duly delivered. (L'envoi mentionné ci-dessus a été dûment livré.)					Date		
	Signature of Addressee (Signature du destinataire)			Office of Destination Employee Signature (Signature de l'agent du bureau de destination)				

PS Form 2865, February 1997 (Reverse)

Registered No.

RB265798678U5

Date Stamp

To Be Completed By Post Office	Reg. Fee \$	Special Delivery \$
	Handling Charge \$	Return Receipt \$
	Postage \$	Restricted Delivery \$
	Received by	

UNIT ID: 0500

Clerk: K05K1J

09/16/04

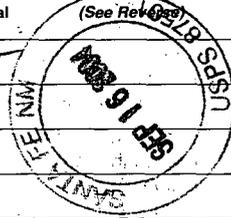
Domestic Insurance  
Is Limited To  
\$25,000; International  
Indemnity Is Limited  
(See Reverse)

Customer Must Declare  
Full Value \$

With Postal Insurance  
 Without Postal Insurance

To Be Completed By Customer  
(Please Print)  
All Entries Must Be in Ballpoint or Typed

FROM	HOLLAND & HART
	P.O. Box 2208
	SANTA FE, NM 87504-2208
TO	VESLEMØY ANDRESEN KØR
	GULKROKEN 5
	0377 OSLO NORWAY



PS Form 3806,  
June 2000

Receipt for Registered Mail

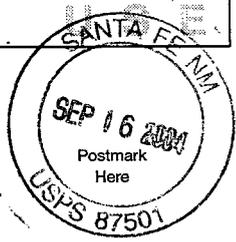
(Customer Copy)

(See Information on Reverse)

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



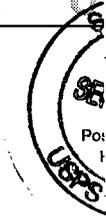
**Sent To**  
 Betty H. Adkins  
 Street, Apt. No.; or PO Box No. 7107 S. Hudson Circle  
 Littleton, CO 80122-2541  
 City, State, ZIP+ 4

PS Form 3800, Jan 2001

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**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 M. Azopardi  
 P. O. Box 620  
 Wimberley, TX 78766

2. Article Number (Copy for)

7001 1140 0002 5602 5859

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Molly M. Azopardi  
 C. Signature

Agent  
 Addressee

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

3. Service Type

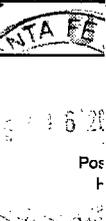
Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



- Print your name and address on the reverse so 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:

Bean Family Limited Company  
 P. O. Box 1738  
 Roswell, NM 88202-1738

2. Article Number (Copy for)

7001 1140 0002 5602 5158

PS Form 3811, July 1999

C. Signature

X Sandra Caruso  
 Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

**Sent To**  
 Bean Family Limited Comp.  
 Street, Apt. No.; or PO Box No. P. O. Box 1738  
 Roswell, NM 88202-1738  
 City, State, ZIP+ 4

PS Form 3800, January 2001

102595-99-M-1789

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
<b>Total Postage &amp; Fees</b>	<b>\$ 16.00</b>



Sent To **Boys & Girls Clubs of America**  
**National Headquarters**  
 Street, Apt. No. or PO Box No. **1230 W. Peachtree Street, NW**  
 City, State, ZIP **Atlanta, GA 30309-3447**

PS Form 3800, January 2001

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
<b>Total Postage &amp; Fees</b>	<b>\$ 16.00</b>



Sent To **Elizabeth M. Brown Trust BB**  
**Acct. No. W0110300**  
 Street, Apt. No.; or PO Box No. **Frost National Bank**  
**P. O. Box 1600**  
 City, State, ZIP+4 **San Antonio, TX 78296**

PS Form 3800, J

**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. Brown**  
**311 Main Road**  
**Ruidoso, NM 88345**

2. Article Number (Copy of) **7001 1140 0002 5602 6245**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Brown** B. Date of Delivery **09/20/04**  
 C. Signature *[Signature]*  
 Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
<b>Total Postage &amp; Fees</b>	<b>\$ 16.00</b>



Sent To **James L. Brown**  
**311 Main Road**  
 Street, Apt. No.; or PO Box No. **Ruidoso, NM 88345**  
 City, State, ZIP+4

PS Form 3800, January 2001

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**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:

Dana Lyn Bukowski Trust #175  
Northern Trust Bank of Texas  
P. O. Box 226270  
Dallas, TX 75222-6270

Sent To Dana Lyn Bukowski Trust #175  
Northern Trust Bank of Texas  
P. O. Box 226270  
Dallas, TX 75222-6270

PS Form 3800

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *x R. Bellarc* SEP 21 2004

Agent  
 Addressee

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 (Copy from service label) 7001 1140 0002 5602 5354

PS Form 3811, July

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



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

Central Texas Operating Inc.  
Attn: Gregg Goodall  
P. O. Box 1152  
Breckenridge, TX 76424-1152

Sent To Central Texas Operating Inc.  
Attn: Gregg Goodall  
P. O. Box 1152  
Breckenridge, TX 76424-1152

PS Form 3800

A. Received by (Please Print Clearly) B. Date of Delivery

*Dolores J. Whalley* 9-20-04

C. Signature *x Dolores J. Whalley*  
 Agent  
 Addressee

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 (Copy from service label) 7001 1140 0002 5602 5880

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



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

Chase Oil Corporation  
P. O. Box 1767  
Artesia, NM 88211-1767

Sent To Chase Oil Corporation  
P. O. Box 1767  
Artesia, NM 88211-1767

PS Form 3800

A. Received by (Please Print Clearly) B. Date of Delivery

*Sylvia Heron* 9-20-04

C. Signature *x Sylvia Heron*  
 Agent  
 Addressee

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 (Copy from service label) 7001 1140 0002 5602 5897

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Richard Lance Chase  
 Post Office Box 359  
 Artesia, NM 88211-0359

PS Form 3800, July 1999

**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 Lance Chase  
 Post Office Box 359  
 Artesia, NM 88211-0359

2. Article Number (Copy from): 7001 1140 0002 5602 5491

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Sylvia Henon* B. Date of Delivery *9-20-04*  
 C. Signature *Sylvia Henon*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Robert C. Chase  
 Post Office Box 297  
 Artesia, NM 88211-0297

PS Form 3800, January 2001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 C. Chase  
 Post Office Box 297  
 Artesia, NM 88211-0297

2. Article Number (Copy from): 7001 1140 0002 5602 5408

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) *Pennington* B. Date of Delivery  
 C. Signature *Pennington*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Chevron Texaco  
 1111 Bagby Street  
 Houston, TX 77002

PS Form 3800, January 2001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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  
 1111 Bagby Street  
 Houston, TX 77002

2. Article Number (Copy from): 7001 1140 0002 5602 6269

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) *Smith* B. Date of Delivery *9-21-04*  
 C. Signature *Robert Chase*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**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:

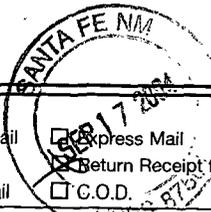
Commissioner of Public Lands  
 P. O. Box 1148  
 Santa Fe, NM 87504-1148

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]*  Agent  Addressee

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



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from back of mailpiece)

7001 1140 0002 5602 6221

PS Form 3811, July 1999

102595-99-M-1789

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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. Dianne C. Crouch S/F  
 Post Office Box 693  
 Artesia, NM 88211-0693

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Sylvia Herron*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from back of mailpiece)

7001 1140 0002 5602 5484

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



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

Gerene Dianne Chase Crouch  
 Oil Account  
 P. O. Box 693  
 Artesia, NM 88211-0693

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Deana Pennington*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from back of mailpiece)

7001 1140 0002 5602 6108

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Sent To  
 Gerene Dianne Chase Crouch  
 Oil Account  
 P. O. Box 693  
 Artesia, NM 88211-0693

PS Form 3800, January 2002

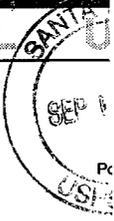
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage)*

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



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

A. Received by (Please Print Clearly) Sara C. Barrettson B. Date of Delivery 9-24-04

C. Signature Sara C. Barrettson  Agent  Addressee

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

**Sent To** Loneta S. Curtis Trustee  
 Loneta S. Curtis Lvg Trust  
 P. O. Box 261427  
 Plano, TX 75026-1427

1. Article Addressed to:  
  
 Loneta S. Curtis Trustee  
 Loneta S. Curtis Lvg Trust  
 P. O. Box 261427  
 Plano, TX 75026-1427

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 (Copy) 7001 1140 0002 5602 5927

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



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

A. Received by (Please Print Clearly) B. Date of Delivery 9-18-04

C. Signature Charles B. Dowaliby  Agent  Addressee

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

**Sent To** Charles B. Dowaliby  
 211 W. Tilden  
 Roswell, NM 88201-5746

1. Article Addressed to:  
  
 Charles B. Dowaliby  
 211 W. Tilden  
 Roswell, NM 88201-5746

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

4. Restricted Delivery? (Extra Fee)  Yes

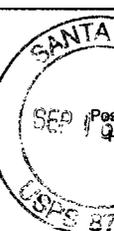
2. Article Number (Copy from sender) 7001 1140 0002 5602 5514

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



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

A. Received by (Please Print Clearly) JMO B. Date of Delivery 9-27-04

C. Signature James M. Dowaliby  Agent  Addressee

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

**Sent To** James M. Dowaliby  
 5353 Townsend Avenue  
 New Haven, CT 06512-3627

1. Article Addressed to:  
  
 James M. Dowaliby  
 5353 Townsend Avenue  
 New Haven, CT 06512-3626

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 (Copy fr) 7001 1140 0002 5602 5507

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To **Elks National Foundation**  
**James W. O. Kelley Director**  
 Street, Apt. or PO Box **2750 N. Lakeview Avenue**  
 City, State **Chicago, IL 60614-1089**

PS Form 3811, July 1999

**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:

**Elks National Foundation**  
**James W. O. Kelley Director**  
**2750 N. Lakeview Avenue**  
**Chicago, IL 60614-1089**

2. Article Number (Copy from

**7001 1140 0002 5602 5736**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**Featherstone Development Corp.**  
**1801 West Second Street**  
**Roswell, NM 88201**

2. Article Number (Copy from

**7001 1140 0002 5602 6238**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Frame, Jr.**  
**PMB 919**  
**1302 Waugh Drive**  
**Houston, TX 77019**

2. Article Number (Copy from

**7001 1140 0002 5602 5361**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To **David Frame, Jr.**  
**PMB 919**  
 Street, Apt. N or PO Box Nc **1302 Waugh Drive**  
 City, State, Zi **Houston, TX 77019**

PS Form 3800, January 1999

2. Article Number (Copy from

**7001 1140 0002 5602 5361**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** C. O. Fulton  
P. O. Box 1121  
Artesia, NM 88211-1121

PS Form 3800, January 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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. O. Fulton  
P. O. Box 1121  
Artesia, NM 88211-1121

A. Received by (Please Print Clearly) B. Date of Delivery

*Doris H. ...* 9-22-04

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  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 (Copy) 7001 1140 0002 5602 6214

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Fulton Jr.  
P. O. Box 16860  
Lubbock, TX 79490-6860

A. Received by (Please Print Clearly) B. Date of Delivery

*Sherry Campbell* 9-23-04

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  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 (Copy from sender) 7001 1140 0002 5602 5934

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Kyle L. Fulton  
Post Office Box 64923  
Lubbock, TX 79464

PS Form 3800

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

Kyle L. Fulton  
Post Office Box 64923  
Lubbock, TX 79464

A. Received by (Please Print Clearly) B. Date of Delivery

*[Signature]* 9-23-04

C. Signature  Agent  Addressee

D. Is delivery address different from item 1?  Yes  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 (Copy from sender) 7001 1140 0002 5602 5415

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

7001 1140 0002 5602 5712

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To: Kyle L. Fulton  
P. O. Box 65264  
Lubbock, TX 794645810

PS Form 3800

**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:  
 Kyle L. Fulton  
 P. O. Box 65264  
 Lubbock, TX 794645810

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature: *[Signature]*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7001 1140 0002 5602 5873

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To: R. H. Fulton Estate  
Joe K. Fulton Foreign Ind. Ex.  
P. O. Box 16860  
Lubbock, TX 79490-6860

PS Form 3800

2. Article Number (Copy from) 7001 1140 0002 5602 5712

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so 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. H. Fulton Estate  
 Joe K. Fulton Foreign Ind. Ex.  
 P. O. Box 16860  
 Lubbock, TX 79490-6860

A. Received by (Please Print Clearly) *Sheep Campbell* B. Date of Delivery *9-25-04*

C. Signature: *[Signature]*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7001 1140 0002 5602 5767

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To: Allan C. George  
280 Beacon Street  
Boston, MA 02116-1241

PS Form 3800

2. Article Number (Copy from) 7001 1140 0002 5602 5873

PS Form 3811, July 1999 Receipt 102595-99-M-1789

Print your name and address on the reverse so 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:  
 Allan C. George  
 280 Beacon Street  
 Boston, MA 02116-1241

2. Article Number (Copy from) 7001 1140 0002 5602 5767

PS Form 3811, July 1999 Receipt 102595-99-M-1789

C. Signature: *[Signature]*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL USE**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Santa Fe, NM SEP 16 2004

**Sent To**  
 Claire Beine George  
 7102 South Harrison Court  
 Littleton, CO 80122

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:  
 Claire Beine George  
 7102 South Harrison Court  
 Littleton, CO 80122

A. Received by (Please Print Clearly) **CLAIRE D. GEORGE**

B. Date of Delivery **SEP 24 2004**

C. Signature *Claire D. George*

D. Is delivery address different from item?  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 (Copy from) **7001 1140 0002 5602 6054**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL USE**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Santa Fe, NM SEP 16 2004

**Sent To**  
 Gregg E. Goodall, et ux, Jean  
 P. O. Box 1152  
 Breckenridge, TX 76424

PS Form 3800, January 2001

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:  
 Gregg E. Goodall, et ux, Jean  
 P. O. Box 1152  
 Breckenridge, TX 76424

A. Received by (Please Print Clearly) **Gregg E. Goodall**

B. Date of Delivery **9-20-04**

C. Signature *Gregg E. Goodall*

D. Is delivery address different from item?  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 (Copy from) **7001 1140 0002 5602 5811**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL USE**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Midland, TX SEP 16 2004

**Sent To**  
 H. L. Brown Operating LLC  
 Attn: Accounting Department  
 P. O. Box 2237  
 Midland, TX 79702-2237

PS Form 3800

- Print your name and address on the reverse so 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:  
 H. L. Brown Operating LLC  
 Attn: Accounting Department  
 P. O. Box 2237  
 Midland, TX 79702-2237

C. Signature *Nelra Marin*

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

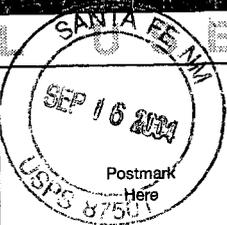
2. Article Number (Copy from) **7001 1140 0002 5602 6047**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



MAIL RETURNED

**Sent To** Betty J. Haire  
 116 Travis Drive  
 Euless, TX 76039

PS Form 3811, July 1999

**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 F. Haire  
 3502 W Avenue K-4  
 Lancaster, CA 93536

2. Article Number (Copy from )

7001 1140 0002 5602 5835

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

Patrick J. Hannifin  
 765 Santa Camelia Drive  
 Solana Beach, CA 92075-1612

2. Article Number (Copy from )

7001 1140 0002 5602 5439

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Jennifer Haire** B. Date of Delivery **09-23**

C. Signature *Jennifer Haire*  
 Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly) **PAT HANNIFIN** B. Date of Delivery **9-20-04**

C. Signature *Patrick Hannifin*  
 Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

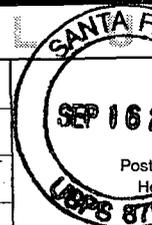
PS Form 3811, July 1999

102595-99-M-1789

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



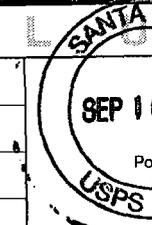
**Sent To** John F. Haire  
 3502 W Avenue K-4  
 Lancaster, CA 93536

PS Form 3800

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** Patrick J. Hannifin  
 765 Santa Camelia Drive  
 Solana Beach, CA 92075-1612

PS Form 3800

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To  
**Robert H. Hannifin**  
 Post Office Box 218  
 Midland, TX 79702-0318

PS Form 3800, 7001 1140 0002 5602 5392

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 H. Hannifin**  
 Post Office Box 218  
 Midland, TX 79702-0318

A. Received by (Please Print Clearly) **Robert H Hannifin** B. Date of Delivery

C. Signature **X Robert H Hannifin**  Agent  Addressee

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



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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy

**7001 1140 0002 5602 5392**

PS Form 3811, July 1999

102595-99-M-1789

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To  
**Hanson Energy**  
 R342 S. Haldeman Road  
 Artesia, NM 88210

PS Form 3811, July 1999

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

**Hanson Energy**  
 R342 S. Haldeman Road  
 Artesia, NM 88210

A. Received by (Please Print Clearly) **KATHIE HANSON** B. Date of Delivery

C. Signature **X Kathie Hanson**  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from

**7001 1140 0002 5602 6191**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To  
**Nancy Harrell**  
**James E. Harrell**  
 4928 Post Oak Timber Drive  
 Houston, TX 77056-2212

PS Form 3800, 7001 1140 0002 5602 5323

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Harrell**  
**James E. Harrell**  
 4928 Post Oak Timber Drive  
 Houston, TX 77056-2212

A. Received by (Please Print Clearly) **Nancy Harrell** B. Date of Delivery

C. Signature **X Nancy Harrell**  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service le

**7001 1140 0002 5602 5323**

PS Form 3811, July 1999

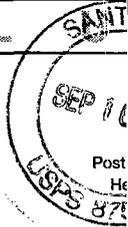
Domestic Return Receipt

102595-99-M

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** Donald & Marilyn Harris Trust  
 Donald A. Harris  
 2249 Elsinore Road  
 Riverside, CA 92506

PS Form 3800

**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:

Donald & Marilyn Harris Trust  
 Donald A. Harris  
 2249 Elsinore Road  
 Riverside, CA 92506

2. Article Number (Copy from) **7001 1140 0002 5602 5682**

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Don Harris** B. Date of Delivery **9/23/99**

C. Signature **Don Harris**  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** Edward J. Hudson, Jr.  
 c/o Blaffer Interests  
 35 N. Wynden Drive  
 Houston, TX 77056

PS Form 3800

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

Edward J. Hudson, Jr.  
 c/o Blaffer Interests  
 35 N. Wynden Drive  
 Houston, TX 77056

2. Article Number (Copy from st) **7001 1140 0002 5602 5378**

PS Form 3811; July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) **Mary Harris** B. Date of Delivery **9/23/99**

C. Signature **M. Harris**  Agent  Addressee

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

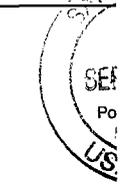
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** Edward J. Hudson, Jr.  
 Chase Bank  
 P. O. Box 200336  
 Houston, TX 77216-0336

PS Form 3800

- Print your name and address on the reverse so 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:

Edward J. Hudson, Jr.  
 Chase Bank  
 P. O. Box 200336  
 Houston, TX 77216-0336

2. Article Number (Copy) **7001 1140 0002 5602 6139**

PS Form 3811

Domestic Return Receipt

102595-99-M-1789

C. Signature **E. Hudson**  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To**  
 Robert Lee Blaffer Hudson  
 35 N. Wynden Drive  
 Houston, TX 77056

PS Form 3800, July 1999

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 Lee Blaffer Hudson  
 35 N. Wynden Drive  
 Houston, TX 77056

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Messers* B. Date of Delivery *9/20/04*  
 C. Signature *Moharrro*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 5385**

PS Form 3811, July 1999

102595-99-M-1789

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

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To**  
 Robert Blaffer Hudson  
 Chase Bank  
 Post Office Box 200336  
 Houston, TX 77216-0336

PS Form 3800, January 2004

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Blaffer Hudson  
 Chase Bank  
 Post Office Box 200336  
 Houston, TX 77216-0336

A. Received by (Please Print Clearly) B. Date of Delivery *SEP 21 2004*  
 C. Signature *R. Green*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999

102595-99-M-1789

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

OFFICIAL U

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	8.00
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To**  
 Latimer Investments, LLC  
 P. O. Box 5422  
 Hobbs, NM 88241-5422

PS Form 3800, July 1999

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

Latimer Investments, LLC  
 P. O. Box 5422  
 Hobbs, NM 88241-5422

A. Received by (Please Print Clearly) *Phoebe Latimer* B. Date of Delivery *9-1-04*  
 C. Signature *Phoebe Latimer*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

**7001 1140 0002 5602 6252**

PS Form 3811, July 1999

Domestic Return Receipt

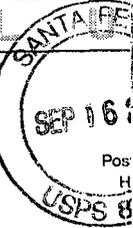
102595-99-M-1789

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

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

A. Received by (Please Print Clearly) **DANIEL PALOMO** B. Date of Delivery **9/22/99**

C. Signature **X Daniel Palomo**  Agent  Addressee

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

Sent To **Gary B. Laughlin**  
Street, Apt. No., or PO Box No. **3831 Turtle Creek Blvd #**  
City, State, ZIP+4 **Dallas, TX 75219-4414**

1. Article Addressed to:  
**Gary B. Laughlin**  
**3831 Turtle Creek Blvd #18-D**  
**Dallas, TX 75219-4414**

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

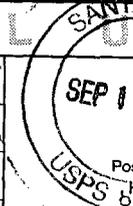
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from se **7001 1140 0002 5602 5309**)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

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

A. Signature **X Peggy McClure**  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery **9-21-04**

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

Sent To **Leonard Trust**  
Street, Apt. No., or PO Box No. **Robert J. and Marion Leor**  
City, State, ZIP+4 **Trustees**  
**Post Office Box 400**  
**Roswell, NM 88202-0400**

1. Article Addressed to:  
**Leonard Trust**  
**Box 400**  
**Roswell NM 88202-0400**

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

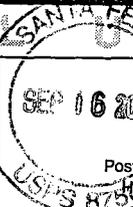
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1544

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

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

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

A. Received by (Please Print Clearly) **SOCORNO S ADDRESS** B. Date of Delivery

C. Signature **X S. Socorno**  Agent  Addressee

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

Sent To **Timothy T. Leonard**  
Street, Apt. No., or PO Box No. **Post Office Box 2625**  
City, State, ZIP+4 **Eagle Pass, TX 78852**

1. Article Addressed to:  
**Timothy T. Leonard**  
**Post Office Box 2625**  
**Eagle Pass, TX 78852**

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 (Copy from service label) **7001 1140 0002 5602 5750**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL U.S. MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
James E. Lyon Estate  
Sherry Norman  
Compass Bank Asset Management Group  
P. O. Box 4886  
Houston, TX 77210-4886

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 E. Lyon Estate  
Sherry Norman  
Compass Bank Asset Management Group  
P. O. Box 4886  
Houston, TX 77210-4886

A. Received by (Please Print Clearly) *Jorge Cayros* B. Date of Delivery *9-22-04*

C. Signature *Jorge Cayros*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **7001 1140 0002 5602 6085**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL U.S. MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
James E. Lyon Estate  
c/o John D. Hughes Independent Ex.  
1415 Louisiana Suite 3700  
Houston, Texas 77002

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 E. Lyon Estate  
c/o John D. Hughes Independent Ex.  
1415 Louisiana Suite 3700  
Houston, Texas 77002

A. Received by (Please Print Clearly) B. Date of Delivery *09-20-04*

C. Signature *X JCM*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

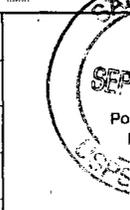
2. Article Number (Copy from service label) **7001 1140 0002 5602 5347**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL U.S. MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
Jennifer Stewart Lyon Trust  
Compass Bank Co. TRE #0254  
P. O. Box 4886  
Houston, TX 77210-4886

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Stewart Lyon Trust  
Compass Bank Co. TRE #0254  
P. O. Box 4886  
Houston, TX 77210-4886

A. Received by (Please Print Clearly) *Jorge Cayros* B. Date of Delivery *9-24-04*

C. Signature *Jorge Cayros*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL MAIL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
Mack Energy Corporation  
P. O. Box 960  
Artesia, NM 88210

PS Form 3800

**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  
P. O. Box 960  
Artesia, NM 88210

2. Article Number (Copy)

7001 1140 0002 5602 6283

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) *Sylvia Heaton* B. Date of Delivery *9-20-04*
- C. Signature *Sylvia Heaton*  Agent  Addressee
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

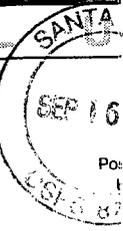
4. Restricted Delivery? (Extra Fee)

Yes

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

**OFFICIAL MAIL**

Postage	\$ 3.96
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
Marbob Energy Corporation  
Post Office Box 227  
Artesia, NM 88211-0227

PS Form 3800

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

Marbob Energy Corporation  
Post Office Box 227  
Artesia, NM 88211-0227

2. Article Number (Copy from service)

7001 1140 0002 5602 5705

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- A. Received by (Please Print Clearly) *Misti McLurg* B. Date of Delivery *9-20-04*
- C. Signature *Misti McLurg*  Agent  Addressee
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

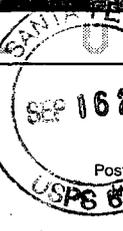
4. Restricted Delivery? (Extra Fee)

Yes

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

**OFFICIAL MAIL**

Postage	\$ 3.96
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
George S. McCall  
400 Spillar Lane  
Austin, TX 78746-4437

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 S. McCall  
400 Spillar Lane  
Austin, TX 78746-4437

2. Article Number (Copy from service)

7001 1140 0002 5602 5330

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

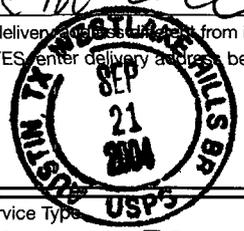
- A. Received by (Please Print Clearly) *B. McCall* B. Date of Delivery *9-21-04*
- C. Signature *B. McCall*  Agent  Addressee
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**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:  
 Bruce W. McClymond  
 P. O. Box 41  
 Breckenridge, TX 76424

2. Article Number (Copy from) **7001 1140 0002 5602 5965**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Anita Lockhart** B. Date of Delivery **9-20-99**  
 C. Signature **Anita Lockhart**  
 Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

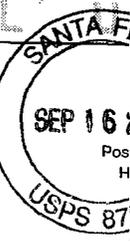
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 K. McClymond S/F  
 P. O. Box 513  
 Ranchos de Taos, NM 87557

2. Article Number (Copy from) **7001 1140 0002 5602 5972**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **Nancy McClymond** B. Date of Delivery **9/22/99**  
 C. Signature **Nancy McClymond**  
 Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 McCormick  
 2905 San Pablo Street NE  
 Albuquerque, NM 87110-2716

2. Article Number (Copy from) **7001 1140 0002 5602 5446**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

A. Received by (Please Print Clearly) **Nancy McCormick** B. Date of Delivery **9-27-99**  
 C. Signature **Nancy McCormick**  
 Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

Sent To  
 Kathryn McCormick  
 2905 San Pablo Street NE  
 Albuquerque, NM 87110-2716

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

SANTA FE SEP 16 USPS

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

A. Received by (Please Print Clearly) *Mary Lee McCoy* B. Date of Delivery *9/17/04*

C. Signature *Mary Lee McCoy*  Agent  Addressee

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

Sent To **John M. McCoy**  
 108 Vista Del Sol  
 Belen, NM 87002

PS Form 3800, July 1999

1. Article Addressed to:  
**John M. McCoy**  
 108 Vista Del Sol  
 Belen, NM 87002

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 (Copy from) **7001 1140 0002 5602 6016**  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

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

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Jane Mee*  Agent  Addressee

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

SANTA FE SEP 16 2004 USPS 875

1. Article Addressed to:  
**Charles and Jan Mee Rev. Trust**  
 1208 Larchmont Lane  
 Oklahoma City, OK 73116-6104

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

4. Restricted Delivery? (Extra Fee)  Yes

Sent To **Charles and Jan Mee Rev**  
 1208 Larchmont Lane  
 Oklahoma City, OK 731

PS Form 3800, January 2001

2. Article Number (Copy from) **7001 1140 0002 5602 5668**  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

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

A. Received by (Please Print Clearly) *Martha Starck* B. Date of Delivery *9-21-04*

C. Signature *Martha Starck*  Agent  Addressee

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

MIDLAND, TX SEP 21 2004 USPS 79701

1. Article Addressed to:  
**MEXCO Energy Corporation**  
 P. O. Box 10502  
 Midland, TX 79702

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

4. Restricted Delivery? (Extra Fee)  Yes

Sent To **MEXCO Energy Corporation**  
 P. O. Box 10502  
 Midland, TX 79702

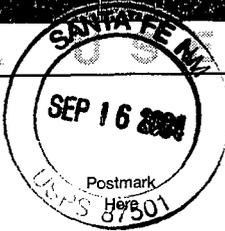
PS Form 3800, January 2001

2. Article Number (Copy from reverse label) **7001 1140 0002 5602 5828**  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



MAIL RETURNED

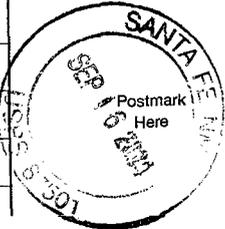
**Sent To** Bill L. Miller  
 P. O. Box 17432  
**Street, Apt. No. or PO Box No.** Ft. Worth, TX 76102  
**City, State, ZIP**

PS Form 3800

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** David M. Munson, Jr.  
 Post Office Box 310  
**Street, Apt. No. or PO Box No.** Paris, TX 75461-0310  
**City, State, ZIP**

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) DAVID MUNSON B. Date of Delivery 9-21-04  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:

David M. Munson, Jr.  
 P. O. Box 671096  
 Dallas, TX 75367-1096

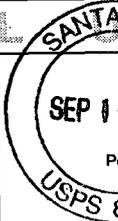
2. Article Number (Copy from...)

7001 1140 0002 5602 5910

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

OFFICIAL USE

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To** David M. Munson, Jr.  
 P. O. Box 671096  
**Street, Apt. No. or PO Box No.** Dallas, TX 75367-1096  
**City, State, ZIP**

PS Form 3800

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To **S. E. Murphree Jr.**  
Apt. 103  
9333 Memorial Drive  
Houston, TX 77024-5735

PS Form 3800, January 2001

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

A. Received by (Please Print Clearly) **Robert Clark** B. Date of Delivery **9/21/04**

C. Signature **R. Clark**  Agent  Addressee

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

1. Article Addressed to:  
**S. E. Murphree Jr.**  
Apt. 103  
9333 Memorial Drive  
Houston, TX 77024-5735

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 (Copy from) **7001 1140 0002 5602 5866**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To **New Mexico Boys and Girls Inc.**  
formerly New Mexico Boys  
Business Office  
6209 Hendrix Rd NE  
Albuquerque, NM 87110-1334

PS Form 3800, July 1999

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

A. Received by (Please Print Clearly) **Antonio** B. Date of Delivery **9/17**

C. Signature **Antonio**  Agent  Addressee

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

1. Article Addressed to:  
**New Mexico Boys and Girls Ranches, Inc.**  
formerly New Mexico Boys Ranch Inc.  
Business Office  
6209 Hendrix Rd NE  
Albuquerque, NM 87110-1334

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 (Copy from) **7001 1140 0002 5602 5286**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To **Nuevo Seis Ltd Partnership**  
P. O. Box 2588  
Roswell, NM 88202-2588

PS Form 3800, January 2001

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

A. Received by (Please Print Clearly) **Morris E. Scher** B. Date of Delivery **9-21-04**

C. Signature **Morris E. Scher**  Agent  Addressee

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

1. Article Addressed to:  
**Nuevo Seis Ltd Partnership**  
P. O. Box 2588  
Roswell, NM 88202-2588

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

4. Restricted Delivery? (Extra Fee)  Yes

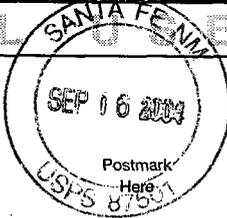
2. Article Number (Copy from) **7001 1140 0002 5602 6023**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



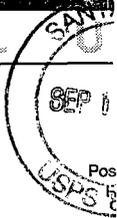
**Sent To**  
 Sylvia H. Oliver  
 2431 Condor  
 Colorado Springs, CO 80909

PS Form 3800

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

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
 Sylvia H. Oliver  
 618 Oakwood Place NE  
 Albuquerque, NM 87123

PS Form 3800

**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:

Sylvia H. Oliver  
 618 Oakwood Place NE  
 Albuquerque, NM 87123

2. Article Number (Copy 1)

7001 1140 0002 5602 5774

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Sylvia Oliver 9/21/09

C. Signature

X Sylvia Oliver  Agent  Addressee

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

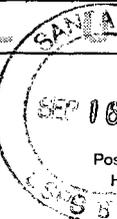
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**Sent To**  
 OOPS Inc.  
 Attn: Anne D. Owen  
 5120 Woodway Drive, Suite  
 Houston, TX 77056-1724

PS Form 3800

- item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

OOPS Inc.  
 Attn: Anne D. Owen  
 5120 Woodway Drive, Suite 9001  
 Houston, TX 77056-1724

2. Article Number (Copy 1)

7001 1140 0002 5602 5903

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

C. Signature

X Anne D. Owen  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** James Blaffer Owen  
 Blaffer Agency Min Sec Acct No 101  
 JP Morgan Chase Bank Agent & AIF  
 P. O. Box 200336  
 Houston, TX 77216-0336

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Blaffer Owen  
 Blaffer Agency Min Sec Acct No 1013067  
 JP Morgan Chase Bank Agent & AIF  
 P. O. Box 200336  
 Houston, TX 77216-0336

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* SEP 24 2004

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (C)

7001 1140 0002 5602 6177

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Roger Penske  
 Penske Corporation  
 2555 S. Telegraph road  
 Bloomfield Hills, MI 48302-0

- Print your name and address on the reverse so 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:

Roger Penske  
 Penske Corporation  
 2555 S. Telegraph road  
 Bloomfield Hills, MI 48302-0954

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Charles Kane* 9-22-04

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy 1)

7001 1140 0002 5602 6115

PS Form 3811, July 1999

Domestic Return Receipt

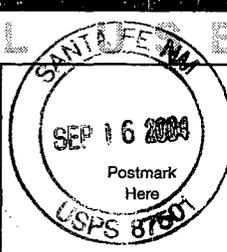
102595-99-M-1789

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

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Roger Penske  
 Penske Corporation  
 187 Highway 36  
 West Long Branch, NJ 07764-1304



*Mail Returned*

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



**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:  
  
**Petco Limited**  
**Post Office Box 911**  
**Breckenridge, TX 76424-0911**

**Sent To**  
**Petco Limited**  
**Post Office Box 911**  
**Breckenridge, TX 76424-09**

PS Form 3800

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Misti Spener* 9-21  
 B. Date of Delivery  
 C. Signature *Christie Spener*  
 Agent  
 Addressee  
 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 (Copy from) **7001 1140 0002 5602 5781**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:  
  
**Pitch Energy Corporation**  
**Post Office Box 304**  
**Artesia, NM 88211-0304**

**Sent To**  
**Pitch Energy Corporation**  
**Post Office Box 304**  
**Artesia, NM 88211-0304**

PS Form 3800

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Misti McLurg* 2-20-04  
 B. Date of Delivery  
 C. Signature *Misti McLurg*  
 Agent  
 Addressee  
 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 (Copy from sender) **7001 1140 0002 5602 5699**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:  
  
**Regents, University of New Mexico**  
**Leonard Trust**  
**UNM Pre-Audit Dept.**  
**Scholes Hall Room #260**  
**Albuquerque, NM 87131-3111**

**Sent To**  
**Regents, University of New Mexico**  
**Leonard Trust**  
**UNM Pre-Audit Dept.**  
**Scholes Hall Room #260**  
**Albuquerque, NM 87131-3111**

PS Form 3800

**COMPLETE THIS SECTION ON DELIVERY**

C. Signature *C. Padella*  
 Agent  
 Addressee  
 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 (Copy from sender) **7001 1140 0002 5602 5477**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To  
 Mary Evelyn Roberts  
 1111 North Pennsylvania Avenue  
 Roswell, NM 88201-5046

PS Form 3800, July 1999

**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 Evelyn Roberts  
 1111 North Pennsylvania Avenue  
 Roswell, NM 88201-5046

2. Article Number (Co)

7001 1140 0002 5602 5248

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

- X *Mary Roberts*  Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To  
 Stanley William Rosenfield Trust  
 Stanley W. Rosenfield Trust  
 2029 Century Park East  
 Los Angeles, CA 90667

PS Form 3800

**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:

Stanley William Rosenfield Trust  
 Stanley W. Rosenfield Trustee  
 2029 Century Park East  
 Los Angeles, CA 90667

2. Article Number (Copy from service)

7001 1140 0002 5602 5675

PS Form 3811, July 1999

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

- X *Stanley*  Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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

**OFFICIAL**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

Sent To  
 Shattuck-St. Mary's School  
 Post Office Box 218  
 Faribault, MN 55021-02185

PS Form 3800

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

Shattuck-St. Mary's School  
 Post Office Box 218  
 Faribault, MN 55021-02185

2. Article Number (Copy from service)

7001 1140 0002 5602 5293

PS Form 3811, July 1999

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

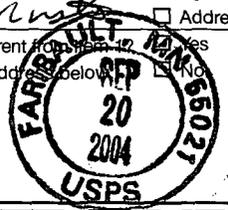
- X *Shattuck*  Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL USE**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Melissa Lyon Fuller Simon Tr  
 Compass Bank Co. TRE #0213  
 P. O. Box 4886  
 Houston, TX 77210-4886

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

Melissa Lyon Fuller Simon Tr  
 Compass Bank Co. TRE #0213  
 P. O. Box 4886  
 Houston, TX 77210-4886

A. Received by (Please Print Clearly) *Debra Marin* B. Date of Delivery *4-21-04*

C. Signature *Debra Marin*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from carrier label)

7001 1140 0002 5602 5798

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

**OFFICIAL USE**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** SOOL, Ltd.  
 Post Office Box 2237  
 Midland, TX 79702-2237

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

SOOL, Ltd.  
 Post Office Box 2237  
 Midland, TX 79702-2237

A. Received by (Please Print Clearly) *Debra Marin* B. Date of Delivery

C. Signature *Debra Marin*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from carrier label)

7001 1140 0002 5602 6092

PS Form 3811, July 1999

Domestic Return Receipt

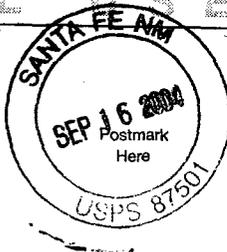
102595-99-M-1789

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

**OFFICIAL USE**

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Tex Zia Properties  
 Loneta S. Curtis Trustee  
 Loneta S. Curtis Lvg Trust  
 605 S. 15th  
 Artesia, NM 88210



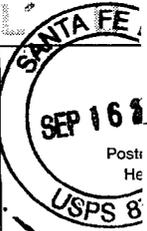
MAIL RETURNED

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

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

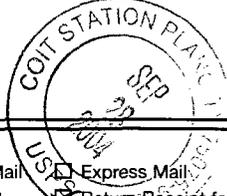
Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
P. O. Box 261427  
Plano, TX 75026-1427

A. Received by (Please Print Clearly) B. Date of Delivery

Sara C Garretson 9/28/04

C. Signature  Agent  Addressee  
X Sara C Garretson

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



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

4. Restricted Delivery? (Extra Fee)  Yes

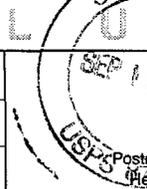
PS Form 380

2. Article Number (Copy from service label) 7001 1140 0002 5602 6146

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Marilyn Jean Van Petten  
1555 Alabama Street  
Amarillo, TX 79102-2226

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

Marilyn Jean Van Petten  
1555 Alabama Street  
Amarillo, TX 79102-2226

A. Received by (Please Print Clearly) B. Date of Delivery

MARILYN VAN PETTEN

C. Signature  Agent  Addressee  
X Marilyn Van Petten

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

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

4. Restricted Delivery? (Extra Fee)  Yes

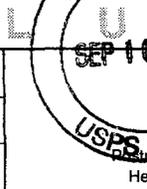
PS Form 380

2. Article Number (Copy from service label) 7001 1140 0002 5602 5422

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

**Sent To** Joyce Blaffer Von Bother  
Chase Bank  
P. O. Box 200336  
Houston, TX 77216-0336

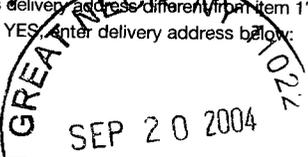
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joyce Blaffer Von Bother  
c/o Lawson & Holland & Hart LLP  
One Linden Place  
Great Neck, NY 11021

C. Signature  Agent  Addressee

X Joyce Blaffer Von Bother  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 380, January 2001 See Reverse for Instructions

2. Article Number (Copy from service label) 7001 1140 0002 5602 6184

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To **Joyce Blaffer Von Bother**  
 c/o Lawson & Holland & Har  
 One Linden Place  
 Great Neck, NY 11021

PS Form 3800, January 2001

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:

**Joyce Blaffer Von Bother**  
**Chase Bank**  
**P. O. Box 200336**  
**Houston, TX 77216-0336**

2. Article Number (Copy from

7001 1140 0002 5602 6122

PS Form 3800

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* **SEP 28 2004**

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To **Webb Oil**  
 2409 Cerro Road  
 Artesia, NM 88210

PS Form 3800, July 1999

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

**Webb Oil**  
**2409 Cerro Road**  
**Artesia, NM 88210**

2. Article Number (Copy from

7001 1140 0002 5602 6276

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* **9-22-04**

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service  
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL MAIL

Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.00

Sent To **The Bishop Whipple Schools**  
**Shattuck-St. Mary's School**  
**Post Office Box 218**  
**Faribault, MN 55021-02185**

PS Form 3800, January 2001

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

**The Bishop Whipple Schools**  
**Shattuck-St. Mary's School**  
**Post Office Box 218**  
**Faribault, MN 55021-02185**

2. Article Number (Copy from

7001 1140 0002 5602 6160

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]* **9-23-04**

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

3. Service Type

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

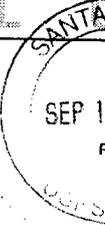
4. Restricted Delivery? (Extra Fee)  Yes

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.76
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

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

A. Received by (Please Print Clearly) *Manuel Giten* B. Date of Delivery *9-23-04*

C. Signature *X Manuel Giten*  Agent  Addressee

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

1. Article Addressed to:

Carolyn B. Wood Trustee  
Wood Heritage Trust  
P. O. Drawer 1011  
Refugio, TX 78377-1011

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

4. Restricted Delivery? (Extra Fee)  Yes

Sent To Carolyn B. Wood Trustee  
Wood Heritage Trust  
P. O. Drawer 1011  
Refugio, TX 78377-1011

2. Article Number (Copy from )

7001 1140 0002 5602 5941

PS Form 3800

PS Form 381

102595-99-M-1789

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

**OFFICIAL**



Postage	\$ 3.95
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.76
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.00</b>

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

A. Received by (Please Print Clearly) B. Date of Delivery *9/22/04*

C. Signature *X Margaret Wysocki*  Agent  Addressee

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

1. Article Addressed to:

Margaret Wysocki  
721 Robins Road  
Lansing, MI 48917-2022

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

4. Restricted Delivery? (Extra Fee)  Yes

Sent To Margaret Wysocki  
721 Robins Road  
Lansing, MI 48917-2022

2. Article Number (Copy from )

7001 1140 0002 5602 5460

PS Form 3800

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

# Affidavit of Publication

NO. 18608

Copy of

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached

### Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for 1 consecutive weeks/days on the same

day as follows:

First Publication September 19 2004

Second Publication \_\_\_\_\_

Third Publication \_\_\_\_\_

Fourth Publication \_\_\_\_\_

Subscribed and sworn to before me this

20th Day September 2004

Barbara Ann Boans  
Notary Public, Eddy County, New Mexico

My Commission expires September :23, 2007

## NOTICE OF PUBLICATION 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 8:15 A.M. on October 7, 2004, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by September 28, 2004. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

### STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

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

#### CASE 13349:

Application of Marbob Energy Corporation for authorization of unorthodox well locations within its Dodd Federal Unit, Eddy County, New Mexico. Applicant seeks authority to drill producing wells at unorthodox locations within its Dodd Federal Unit located in portions of Township 17 South, Range 29 East, NMPM, provided said locations shall be no closer than 330 feet to the outer boundary of the Unit Area nor closer than 25 feet to any quarter section line or quarter-quarter section line. Said unit to be designated the Dodd Federal Unit.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 16th day of September 2004.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
Mark E. Fesmire, P.E.,  
Director

Published in the Artesia Daily Press, Artesia

# Affidavit of Publication

NO. 18609

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached

### Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for 1 consecutive weeks/days on the same day as follows:

First Publication September 19 2004

Second Publication \_\_\_\_\_

Third Publication \_\_\_\_\_

Fourth Publication \_\_\_\_\_

Subscribed and sworn to before me this

20th Day September 2004

Barbara Ann Burns  
Notary Public, Eddy County, New Mexico

My Commission expires September 23, 2007

# Copy of Publication:

### LEGAL NOTICE

project, all mineral interest in the Seven Rivers, Queen Grayburg, San Andres, formations, Grayburg-Jackson (Seven Rivers-Queen-Grayburg-San Andres) Pool and the Glorieta and Yeso/Paddock formations, East Empire-Yeso Pool, underlying 2400.00 acres, more or less, of Federal lands in the following acreage:

**TOWNSHIP 17 SOUTH, RANGE 29 EAST, NMPM**

Section 10: E/2, E/2 W/2

Section 11: All

Section 14: All

Section 15: E/2

Section 22: S E / 4 SE/4 SW/4, E/2 NE/4, SW/4 NE/4

Said unit to be designated the Dodd Federal Unit.

Among the matters to be considered at the hearing will be the necessity of unit operations; the designation of a unit operator; the designation of horizontal and vertical limits of the unit area; the determination of the fair, reasonable, and equitable allocation of production and costs of production, including capital investment, to each of the various tracts in the unit area; the determination of credits and charges to be made among the various owners in the unit area for their investment in wells and equipment and such other matters as may be necessary and appropriate for carrying on efficient unit operations, including but not limited to, unit voting procedures, selection, removal or substitution of unit operator, and time of commencement and termination of unit operations. Said unit area is located approximately 3.3 miles West of Loco Hills, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Commission at Santa Fe, New Mexico on this 16th day of September 2004.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
Mark E. Fesmire, P.E., Director

Published in the Artesia Daily Press, Artesia, N.M. September 19, 2004.

Legal 18609

### NOTICE OF PUBLICATION 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 8:15 A.M. on October 7, 2004, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by September 28, 2004. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

### STATE OF NEW MEXICO TO:

All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

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

CASE 13350: Application of Marbob Energy Corporation for statutory unitization of the Dodd Federal Unit Area, Eddy County, New Mexico. Applicant in the above-styled cause, seeks an order unitizing, for the purpose of an enhanced recovery



# HOLLAND & HART

JEFFERSON PLACE  
110 NORTH GUADALUPE  
SUITE 1  
SANTA FE, NEW MEXICO 87501  
MAILING ADDRESS  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

NOTICE  
NOTICE  
RETURN

Tex Zia Properties  
Loneta S. Curtis Trustee  
Loneta S. Curtis Lvg Trust  
605 S. 15th  
Artesia, NM 88210

09/23/04  
FORWARDED TO ME  
CURTIS  
PO BOX 2208  
PLANO TX 75076-1427

RETURN TO SENDER  
HOLLAND & HART

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Tex Zia Properties Loneta S. Curtis Trustee Loneta S. Curtis Lvg Trust 605 S. 15th Artesia, NM 88210</p>		<p>A. Received by (Please Print Clearly)</p>	<p>B. Date of Delivery</p>
<p>2. 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>C. Signature</p> <p><b>X</b></p>	<p> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <input type="checkbox"/> Yes  <input type="checkbox"/> No         </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 checked="" 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 (Copy from)</p> <p>7001 1140 0002 5602 6153</p>		<p>Domestic Return Receipt</p>	

1st Notice  
2nd Notice  
Return  
A good

**HOLLAND & HART, INC.**

EFFRASO SERVICE  
SAN ANTONIO, TEXAS  
SAN ANTONIO, TEXAS  
MAILING ADDRESS  
P.O. BOX 87501  
SANTA FE, TEXAS 77504-2208

**! RETURNED NOT KNOWN**

Betty J. Haire  
116 Travis Drive  
Euliss, TX 76039

**RETURN RECEIPT  
REQUESTED**

Notice  
1st Notice  
2nd Notice  
Return

Haire  
116  
Travis

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
  
C. Signature  Agent   
 Addressee   
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

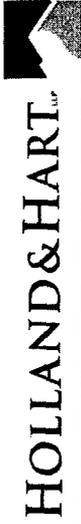
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

Betty J. Haire  
116 Travis Drive  
Euliss, TX 76039

2. Article Number (Copy from 7001 1140 0002 5602 5842)  
Domestic Return Receipt  
102595-99-M-1789  
PS Form 3811, July 1999



JEFFERSON PLACE  
110 NORTH GUADALUPE  
SUITE 1  
SANTA FE, NEW MEXICO 87501  
MAILING ADDRESS  
P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208

POST NOTICE  
RETURN

*Handwritten signature*

INSUFFICIENT ADDRESS  
 ATTEMPTED NOT KNOWN  
 NO SUCH NUMBER/ STREET  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

**RTS**  
RETURN TO SENDER

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p><b>Roger Penske Penske Corporation 187 Highway 36 West Long Branch, NJ 07764-1304</b></p>		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>	
<p>2. 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>C. Signature _____ <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</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 checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</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>4. Article Number (Copy from): <b>7001 1140 0002 5602 5316</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

RETURN RECEIPT REQUESTED

# HOLLAND & HART

JEFFERSON PLACE  
 110 NORTH GUADALUPE  
 SUITE 1  
 SANTA FE, NEW MEXICO 87501  
 MAILING ADDRESS  
 P. O. BOX 2208  
 SANTA FE, NEW MEXICO 87504-2208

**NOT DELIVERABLE  
 AS ADDRESSED,  
 RETURNABLE TO FORWARDER**  
 Bill Miller  
 P. O. Box 17432  
 Ft. Worth, TX 76102  
**RETURN RECEIPT  
 REQUESTED**

1ST NOTICE  
 2ND NOTICE  
 3RD NOTICE

COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from 7001 1140 0002 5602 6207)	
1. Article Addressed to: Bill L. Miller P. O. Box 17432 Ft. Worth, TX 76102 RECEIVED JUL 10 1999 FT. WORTH, TX	

102595-99-M-1789

Domestic Return Receipt

PS Form 3811, July 1999