JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

June 12, 2004

Michael E. Stogner
Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Re: Case Nos. 13274 & 13275/Arch Petroleum Inc. and Westbrook Oil Corporation

Dear Mr. Stogner:

Enclosed are complete copies of the notice exhibits (Exhibit 4 in Case No. 13274, and Exhibit 2 in Case No. 13275). I apologize for the delay in getting these to you.

Very truly yours,

James Bruce

James Bruce

Attorney for Arch Petroleum Inc.

cc: Steve Brenner w/encl.
J.E. Gallegos w/encl.

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF ARCH PETROLEUM INC. FOR A NON-STANDARD GAS SPACING AND PRORATION UNIT IN THE JALMAT GAS POOL, LEA COUNTY, NEW MEXICO. Case No. 13275

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of May, 2004, by James Bruce.

Notary Public

My Commission Expires:
3/14/05

OIL CONSERVATION DIVISION
CASE NUMBER
EXHIBIT NUMBER 2

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

May 6, 2004

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

To: Offset operators or interest owners

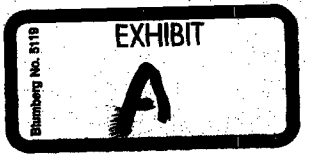
Ladies and gentlemen:

Enclosed is a copy of an application for approval of two non-standard gas spacing units, filed with the New Mexico Oil Conservation Division by Arch Petroleum Inc. and Westbrook Oil Corporation, regarding the S½ of Section 20, Township 23 South, Range 37 East, N.M.P.M., Lea County, New Mexico. This application is scheduled to be heard at 8:15 a.m. on Thursday, May 27, 2004 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, by Friday, May 21, 2004, if you intend to enter an appearance and participate in the case.

Very truly yours,

James Bruce



OFFSET INTEREST OWNERS

Samedan Oil Corporation
P.O. Box 909
Ardmore, OK 73402

Esther L. Kelly
Elk Oil Company
P.O. Box 310
Roswell, NM 88203

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

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121

Wynn-Crosby Energy, Inc.
Suite 200
5500 West Plano Parkway
Plano, TX 75093

Westbrook Oil Corporation
P.O. Box 2264
Hobbs, NM 88241

Fulfer Oil & Gas Company
P.O. Box 578
Jal, NM 88252

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136

Attention: Mario R. Moreno, Jr.

Pure Energy Group, Inc.
Suite 220
153 Treeline Park
San Antonio, TX 78209-1880

Chisos, Ltd.
670 Dona Ana Road S.W.
Deming, NM 88030

Occidental Permian, Ltd.
P.O. Box 4294
Houston, TX 77210

Ross Travis
P.O. Box 1202
Ojai, CA 93024

Lawrence I. Travis
424 Lombard Avenue
Pacific Palisades, CA 90272

Carole A. Travis, Trustee
P.O. Box 2870
Jackson, WY 83001

George G. Travis Trust
1712 Palisades Drive
Pacific Palisades, CA 90272

Robert Miles Travis
P.O. Box 25156
Seattle, WA 98125

Cissy R. Travis, Trustee
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

Elson Oil Company
Suite 1404
20 East 5th Street
Tulsa, OK 74103

Frank Seeton
1815 Union Drive
Lakewood, CO 80215

The Long Trusts
P.O. Box 3096
Kilgore, TX 75663

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

Kenneth G. Cone
Kenneth G. Cone, Trustee
P.O. Box 11310
Midland, TX 79702

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

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

Bank of Oklahoma, Trustee for
the children of Tom R. Cone
P.O. Box 3499
Tulsa, OK 74101

Clifford Cone
P.O. Drawer 1629
Lovington, NM 88260

Blackstone Minerals Company, LP
P.O. Box 201709
Houston, TX 77216

Dorothy Campbell, Trustee
Suite 203
2323 South Voss
Houston, TX 77057

Mary Jon Bryan
P.O. Box 1358
Lindale, TX 75771

Evans Oil & Gas, L.L.C.
3513 East Old Shakopee Road
Bloomington, MN 55425

Sheridan Family Trust
2711 West Calle de Dali
Tucson, AZ 85745

BMNW Resources, L.L.C.
P.O. Box 180573
Dallas, TX 75218

Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
Dallas, TX 75248

John E. McConnell
1318 Briar Bayou
Houston, TX 77077

Leila McConnell Gadbois
2525 Stanmore Drive
Houston, TX 79019

F. Bennett Watts
P.O. Box 231
Breckenridge, TX 76424

Roy G. Barton, Jr., Trustee
1919 North Turner Street
Hobbs, NM 88240

Harry L. Jones, II Trust
2315 Candy Lane
Malabar, FL 32950

Normarth Corporation
52 Salem Ridge Drive
Huntington, NY 11743

Michael Gidwitz
Suite 1705
208 South LaSalle Street
Chicago, IL 60604

Marjo Operating Co., Inc.
P.O. Box 729
Tulsa, OK 74101

BNW, Inc.
P.O. Box 892044
Oklahoma City, OK 73189

Osprey Resources, Inc.
Suite 1512
921 Main Street
Houston, TX 77002

Estate of Max R. Chudy, Sr.
50 South Meadow Drive
Orchard Park, NY 14127

Lenox Partners
P.O. Box 3096
Mill River, MA 01244

Estate of John L. Brady
5220 West Barry Avenue
Chicago, IL 60641

Kirby Minerals
P.O. Box 268947
Oklahoma City, OK 73125

Charles T. Gallaher, II
No. 103
5080 Harmony Circle
Vero Beach, FL 32967

Joseph Wesley Gallaher, II
19008 Quail Valley Boulevard
Gaithersburg, MD 20879

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, Texas 77210

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, TX 77002

JV Royalty Group
P.O. Box 2035
Roswell, NM 88202

Avalanche Royalty Partners LLC
Suite 1390
475 17th Street
Denver, CO 80202

Laura Beth Nissenbaum
Jennifer Travis Nissenbaum
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

Fortson Oil Company
Suite 3301
301 Commerce Street
Fort Worth, TX 76102

Nielson & Associates Inc.
P.O. Box 2850
Cody, WY 82414

Audrey M. Curry Baker
P.O. Box 1263
Midland, TX 79702

Patricia Galt Stevens
501 Grandview Place
San Antonio, TX 78209\

June D. Speight
P.O. Drawer 1687
Lovington, NM 88260

Edward Dreessen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

David Bond Kyte 1997 Trust
P.O. Box 576
Santa Barbara, CA 93102

Ingrid Powell
P.O. Box 416
Los Altos, CA 94022

Betty Kyte Dreessen Irrevocable Trust
P.O. Box 1665
Los Altos, CA 94022

Gary W. Palmer
13711 Oak Pebble
San Antonio, TX 78232

William Walton Saunders
c/o Roma Oil & Gas Inc.
8620 North New Braunfels
San Antonio, TX 78217

Robert B. Mitchell Trust
Suite 270
2323 South Voss
Houston, TX 77057

Betty Dreessen Revocable Living Trust
27447 Edgerton Drive
Los Altos, CA 94022

Cecil Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

Miles Boldrick
P.O. Box 10668
Midland, TX 79702

James P. Boldrick
P.O. Box 10605
Midland, TX 79702

MAPOO-NET
P.O. Box 268946
Oklahoma City, OK 73126

Beverly Felts
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

Saunders Family Enterprises Ltd.
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

MAY - 8 2004
Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: Commissioner of Public Lands, P.O. Box 1148
City, State, ZIP+4: Santa Fe, NM 87504

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 6466

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:

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, OK 74121

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: MAY 12 2004

C. Signature: X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 6435

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-12

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: X ☐ 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)* 7004 0750 0000 9048 6466

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-12

7004 0750 0000 9048 6435

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

MAY - 8 2004
Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: Kaiser-Francis Oil Company, P.O. Box 21468
City, State, ZIP+4: Tulsa, OK 74121

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 5148

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 MAY - 6 2004 Postmark Here USPS

Sent To: Samedan Oil Corporation
Street, Apt. No.; or PO Box No.: P.O. Box 909
City, State, ZIP+4: Ardmore, OK 73402

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Esther L. Kelly
Elk Oil Company
P.O. Box 310
Roswell, NM 88203

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 5-11-04

C. Signature: X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5162

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-LV

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:

Samedan Oil Corporation
P.O. Box 909
Ardmore, OK 73402

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Mark Cline | B. Date of Delivery: 8/14/04

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

ARDMORE OK 73401 AUG 12 2004 USPS

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)* 7004 0750 0000 9048 5148

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-LV

7004 0750 0000 9048 5162

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 MAY - 8 2004 Postmark Here USPS

Sent To: Esther L. Kelly
Street, Apt. No.; or PO Box No.: Elk Oil Company P.O. Box 310
City, State, ZIP+4: Roswell, NM 88203

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 6633

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY 28 2004 Postmark Here
USPS

Sent To
Tom R. Cone
Street, Apt. No.; or PO Box No. P.O. Box 778
City, State, ZIP+4 Jay, OK 74346

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Sue Ray — B. Date of Delivery 6/2/04

C. Signature
X Sue Ray ☐ 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)* 7003 3110 0001 8379 2795

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Sue Ray — B. Date of Delivery 6/2/04

C. Signature
X Sue Ray ☐ 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)* 7004 0750 0000 9048 6633

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2

7003 3110 0001 8379 2795

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY 28 2004 Postmark Here
USPS

Sent To
Randy Lee Cone
Street, Apt. No.; or PO Box No. P.O. Box 552
City, State, ZIP+4 Jay, OK 74346

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 6480

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY - 8 2004
USPS

Sent To
Fulfer Oil & Gas Company
Street, Apt. No.; or PO Box No. P.O. Box 578
City, State, ZIP+4 Jal, NM 88252

PS Form 3800, June 2002 See Reverse for Instructions

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:

Wynn-Crosby Energy, Inc.
Suite 200
5500 West Plano Parkway
Plano, TX 75093

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Jessica Myers
B. Date of Delivery 5/11/04
C. Signature X Jessica Myers ☐ 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) 7004 0750 0000 9048 6442

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

Fulfer Oil & Gas Company
P.O. Box 578
Jal, NM 88252

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) K. Hummel
B. Date of Delivery 5-12-04
C. Signature X Deborah Ogle ☐ 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) 7004 0750 0000 9048 6480

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7004 0750 0000 9048 6442

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY 3 2004
USPS

Sent To
Wynn-Crosby Energy, Inc.
Street, Apt. No.; or PO Box No. Suite 200
5500 West Plano Parkway
City, State, ZIP+4 Plano, TX 75093

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 6596

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
MAY - 8 2004
SANTA FE NM 87501-9998
USPS

Sent To
Cissy R. Travis, Trustee
Street, Apt. No.; or PO Box No. 135 Coral Cay Drive
City, State, ZIP+4 Palm Beach Gardens, FL 33418

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Laura Beth Nissenbaum
Jennifer Travis Nissenbaum
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* C Travis — B. Date of Delivery

C. Signature X — ☐ Agent ☐ Addressee

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

PALM BEACH GARDENS FL 33418 MAY 2004

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)* 7004 0750 0000 9048 5803

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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:

Cissy R. Travis, Trustee
135 Coral Cay Drive
Palm Beach Gardens, FL 33418

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* C Travis — B. Date of Delivery

C. Signature C Travis — ☐ Agent ☑ Addressee

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

PALM BEACH GARDENS FL 33418 MAY 12 2004

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)* 7004 0750 0000 9048 6596

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7004 0750 0000 9048 5803

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
MAY 6 2004
SANTA FE NM 87501-9998
USPS

Sent To
Laura Beth Nissenbaum
Jennifer Travis Nissenbaum
Street, Apt. No.; or PO Box No. 135 Coral Cay Drive
City, State, ZIP+4 Palm Beach Gardens, FL 33418

PS Form 3800, June 2002 — See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY 8 2004 USPS

7004 0750 0000 9048 5810

Sent To
Fortson Oil Company
Suite 3301
Street, Apt. No.; or PO Box No. 301 Commerce Street
City, State, ZIP+4 Fort Worth, TX 76102

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Charles T. Gallaher, II
No. 103
5080 Harmony Circle
Vero Beach, FL 32967

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 5-12-04

C. Signature X C. Gallaher ☐ 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)* 7004 0750 0000 9048 5124

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-2

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:

Fortson Oil Company
Suite 3301
301 Commerce Street
Fort Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery MAY 10 2004

C. Signature X R. Gooch ☐ 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)* 7004 0750 0000 9048 5810

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-2

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY - 3 2004

7004 0750 0000 9048 5124

Sent To
Charles T. Gallaher, II
No. 103
Street, Apt. No.; or PO Box No. 5080 Harmony Circle
City, State, ZIP+4 Vero Beach, FL 32967

PS Form 3800, June 2002 See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY - 8 2004 Postmark Here USPS

7004 0750 0000 9048 5049

Sent To Michael Gidwitz
Street, Apt. No.; or PO Box No. Suite 1705, 208 South LaSalle Street
City, State, ZIP+4 Chicago, IL 60604

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Beverly Felts
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* BEVERLY FELTS — B. Date of Delivery 5/11/04

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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5988

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

Michael Gidwitz
Suite 1705
208 South LaSalle Street
Chicago, IL 60604

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 5-12-04

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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5049

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY - 8 2004 Postmark Here USPS

7004 0750 0000 9048 5988

Sent To Beverly Felts
Street, Apt. No.; or PO Box No. Suite 220, 8620 North New Braunfels
City, State, ZIP+4 San Antonio, TX 78217

PS Form 3800, June 2002 — See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY 04 Postmark Here
USPS

7004 0750 0000 9048 5025

Sent To: Harry L. Jones, II Trust
Street, Apt. No.; or PO Box No.: 2315 Candy Lane
City, State, ZIP+4: Malabar, FL 32950

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Harry L. Jones, II Trust
2315 Candy Lane
Malabar, FL 32950

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery: 05/11/04

C. Signature: X [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

2. Article Number (Copy from service label) 7004 0750 0000 9048 5025

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A.V

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:

Estate of Max R. Chudy, Sr.
50 South Meadow Drive
Orchard Park, NY 14127

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [signature] — B. Date of Delivery: 5/13/04

C. Signature: X MAX R. CHUDY ☐ 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) 7004 0750 0000 9048 5087

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A.V

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY -8 2004 Postmark Here
USPS

7004 0750 0000 9048 5087

Sent To: Estate of Max R. Chudy, Sr.
Street, Apt. No.; or PO Box No.: 50 South Meadow Drive
City, State, ZIP+4: Orchard Park, NY 14127

PS Form 3800, June 2002 — See Reverse for Instructions

7003 3110 0001 8379 2801

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 MAY 12 2004 Postmark Here USPS 3998

Sent To
Bank of Oklahoma, Trustee for the children of Tom R. Cone
Street, Apt. No.; or PO Box No. P.O. Box 3499
City, State, ZIP+4 Tulsa, OK 74101

PS Form 3800, June 2002 See Reverse for Instructions

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:

1513 Evans Oil & Gas, L.L.C.
~~3513~~ East Old Shakopee Road
Bloomington, MN 55425

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* R EVANS
B. Date of Delivery 5/11/04

C. Signature
X ☐ 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)* 7003 3110 0001 8379 2726

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Bank of Oklahoma, Trustee for
the children of Tom R. Cone
P.O. Box 3499
Tulsa, OK 74101

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
MAY 12 2004
C. Signature
X Debbie Jackson ☐ Agent ☐ Addressee

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

USPS

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)* 7003 3110 0001 8379 2801

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7003 3110 0001 8379 2726

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 MAY 12 2004 Postmark Here USPS 3998

Sent To
Evans Oil & Gas, L.L.C.
Street, Apt. No.; or PO Box No. 3513 East Old Shakopee Road
City, State, ZIP+4 Bloomington, MN 55425

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5940

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY - 8 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No.: Cecil Bond Kyte, P.O. Box 30864, Santa Barbara, CA 93105
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Nortex Corporation
Suite 3100
1415 Louisiana
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery: 5/11/04

C. Signature: X — ☐ 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) 7004 0750 0000 9048 5773

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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:

Cecil Bond Kyte
P.O. Box 30864
Santa Barbara, CA 93105

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Cecil Kyte — B. Date of Delivery: 5/11/04

C. Signature: X — ☐ 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) 7004 0750 0000 9048 5940

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7004 0750 0000 9048 5773

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY - 8 2004 Postmark USPS

Sent To
Street, Apt. No.; or PO Box No.: Nortex Corporation, Suite 3100, 1415 Louisiana, Houston, TX 77002
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY - 8 2004
Postmark Here
USPS

7004 0750 0000 9048 5841

Sent To Patricia Galt Stevens
Street, Apt. No.; or PO Box No. 501 Grandview Place
City, State, ZIP+4 San Antonio, TX 78209\

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Lawrence I. Travis
424 Lombard Avenue
Pacific Palisades, CA 90272

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 6558

PS Form 3811, July 1999 — Domestic Return Receipt — A-2 — 102595-00-M-0952

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:

Patricia Galt Stevens
501 Grandview Place
San Antonio, TX 78209\

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 5/10/04

C. Signature
X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5841

PS Form 3811, July 1999 — Domestic Return Receipt — A1-2 — 102595-00-M-0952

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY - 8 2004
Postmark Here
USPS

7004 0750 0000 9048 6558

Sent To Lawrence I. Travis
Street, Apt. No.; or PO Box No. 424 Lombard Avenue
City, State, ZIP+4 Pacific Palisades, CA 90272

PS Form 3800, June 2002 — See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: MAY 2004

Sent To: Kirby Minerals
Street, Apt. No.; or PO Box No.: P.O. Box 268947
City, State, ZIP+4: Oklahoma City, OK 73125

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 5117

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:

MAPOO-NET
P.O. Box 268946
Oklahoma City, OK 73126

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Mike Martz — B. Date of Delivery:

C. Signature: X Mike Martz — ☐ Agent ☑ Addressee

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

OKLAHOMA CITY OK MAY 12 2004

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): 7004 0750 0000 9048 5971

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2

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:

Kirby Minerals
P.O. Box 268947
Oklahoma City, OK 73125

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Mike Martz — B. Date of Delivery:

C. Signature: X Mike Martz — ☐ Agent ☐ Addressee

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

OKLAHOMA CITY OK MAY 12 2004

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): 7004 0750 0000 9048 5117

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here: MAY – 8 2004

Sent To: MAPOO-NET
Street, Apt. No.; or PO Box No.: P.O. Box 268946
City, State, ZIP+4: Oklahoma City, OK 73126

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 5971

7004 0750 0000 9048 6565

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY Postmark Here 2004
USPS

Sent To
Carole A. Travis, Trustee
Street, Apt. No.; or PO Box No. P.O. Box 2870
City, State, ZIP+4 Jackson, WY 83001

PS Form 3800, June 2002 See Reverse for Instructions

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:

Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
Dallas, TX 75248

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 05-12-04

C. Signature
x Jennifer ☒ 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)* 7003 3110 0001 8379 2665

PS Form 3811, July 1999 Domestic Return Receipt A.V 102595-00-M-0952

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:

Carole A. Travis, Trustee
P.O. Box 2870
Jackson, WY 83001

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
x Nancy Riddle ☐ Agent ☐ Addressee

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

SANTA FE NM 87501-9998 MAY 2004

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)* 7004 0750 0000 9048 6565

PS Form 3811, July 1999 Domestic Return Receipt A.V 102595-00-M-0952

7003 3110 0001 8379 2665

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY - 8 2004 Postmark Here
USPS

Sent To
Stroube Energy Corporation
Street, Apt. No.; or PO Box No. No. 123, LB 249
17194 Preston Road
City, State, ZIP+4 Dallas, TX 75248

PS Form 3800, June 2002 See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SAN ANGELO NM 87501-9998
MAY 2004 Postmark Here
USPS

Sent To
Street, Apt. No.; or PO Box No. OXY USA WTP Limited Partnership
P.O. Box 4294
City, State, ZIP+4 Houston, Texas 77210

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5155

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 Jon Bryan
P.O. Box 1358
Lindale, TX 75771

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Bobby McClenny B. Date of Delivery 5/13/04

C. Signature Bobby McClenny ☐ 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)* 7003 3110 0001 8379 2719

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

OXY USA WTP Limited Partnership
P.O. Box 4294
Houston, Texas 77210

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery MAY 12 2004

C. Signature X GEE ☐ 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)* 7004 0750 0000 9048 5155

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SAN ANGELO NM 87501-9998
MAY -8 2004 Postmark Here
USPS

Sent To
Street, Apt. No.; or PO Box No. Mary Jon Bryan
P.O. Box 1358
City, State, ZIP+4 Lindale, TX 75771

PS Form 3800, June 2002 See Reverse for Instructions

7003 3110 0001 8379 2719

7003 3110 0001 8379 2733

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY 3 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No. Sheridan Family Trust
2711 West Calle de Dali
City, State, ZIP+4 Tucson, AZ 85745

PS Form 3800, June 2002 See Reverse for Instructions

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:

Blackstone Minerals Company, LP
P.O. Box 201709
Houston, TX 77216

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery MAY 12 2004

C. Signature
X K. Green ☐ 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)* 7003 3110 0001 8379 2757

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-2

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:

Sheridan Family Trust
2711 West Calle de Dali
Tucson, AZ 85745

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 5-10-04

C. Signature
X [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

2. Article Number *(Copy from service label)* 7003 3110 0001 8379 2733

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-1

7003 3110 0001 8379 2757

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 MAY [illegible] 2004 Postmark Here USPS

Sent To
Street, Apt. No.; or PO Box No. Blackstone Minerals Company, LP
P.O. Box 201709
City, State, ZIP+4 Houston, TX 77216

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5094

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Lenox Partners
Street, Apt. No.; or PO Box No. P.O. Box 3096
City, State, ZIP+4 Mill River, MA 01244

PS Form 3800, June 2002 See Reverse for Instructions

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:

Occidental Permian, Ltd.
P.O. Box 4294
Houston, TX 77210

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery MAY 1 6 2004

C. Signature
X GEE ☐ 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)* 7004 0750 0000 9048 6534

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

Lenox Partners
P.O. Box 3096
Mill River, MA 01244

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 5/14/04

C. Signature
X Maureen Gieti ☐ 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)* 7004 0750 0000 9048 5094

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7004 0750 0000 9048 6534

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Occidental Permian, Ltd.
Street, Apt. No.; or PO Box No. P.O. Box 4294
City, State, ZIP+4 Houston, TX 77210

PS Form 3800, June 2002 See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY - 2004 Postmark Here

7004 0750 0000 9048 5797

Sent To
Avalanche Royalty Partners LLC
Street, Apt. No.; or PO Box No. Suite 1390
475 17th Street
City, State, ZIP+4 Denver, CO 80202

PS Form 3800, June 2002 See Reverse for Instructions

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:

Audrey M. Curry Baker
P.O. Box 1263
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* ROBERT F. BAKER B. Date of Delivery 5-10-04

C. Signature
X Robert F. Baker ☐ 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)* 7004 0750 0000 9048 5834

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

Avalanche Royalty Partners LLC
Suite 1390
475 17th Street
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 5-10

C. Signature
X J. Tapia ☐ 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)* 7004 0750 0000 9048 5797

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY Postmark Here 2004
USPS

7004 0750 0000 9048 5834

Sent To
Audrey M. Curry Baker
Street, Apt. No.; or PO Box No. P.O. Box 1263
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 6619

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY Postmark Here 2004 USPS

Sent To
Frank Seeton
Street, Apt. No.; or PO Box No. 1815 Union Drive
Lakewood, CO 80215
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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:

Chisos, Ltd.
670 Dona Ana Road S.W.
Deming, NM 88030

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
B. Craddock 5-10-04

C. Signature
X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 6527

PS Form 3811, July 1999 Domestic Return Receipt A.V 102595-00-M-0952

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:

Frank Seeton
1815 Union Drive
Lakewood, CO 80215

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Barbara G Holmstrom 5/10/04

C. Signature
X Barbara G Holmstrom ☐ 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)* 7004 0750 0000 9048 6619

PS Form 3811, July 1999 Domestic Return Receipt A.V 102595-00-M-0952

7004 0750 0000 9048 6527

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 Postmark Here 2004

Sent To
Chisos, Ltd.
Street, Apt. No.; or PO Box No. 670 Dona Ana Road S.W.
Deming, NM 88030
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 6589

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY 2004 USPS

Sent To
Robert Miles Travis
Street, Apt. No.; or PO Box No. P.O. Box 25156
City, State, ZIP+4 Seattle, WA 98125

PS Form 3800, June 2002 See Reverse for Instructions

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:

Clifford Cone
P.O. Drawer 1629
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

LOVINGTON NM 88260 USPS MAY 17 2004

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)* 7003 3110 0001 8379 2740

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-2

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 Miles Travis
P.O. Box 25156
Seattle, WA 98125

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Robert Travis B. Date of Delivery 5/13/04

C. Signature
X ☐ 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)* 7004 0750 0000 9048 6589

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-1

7003 3110 0001 8379 2740

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY 2004 Here USPS

Sent To
Clifford Cone
Street, Apt. No.; or PO Box No. P.O. Drawer 1629
City, State, ZIP+4 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

7003 3110 0001 8379 2825

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY - 8 2004
USPS

Sent To
Street, Apt. No.; or PO Box No. Leila McConnell Gadbois
2525 Stanmore Drive
City, State, ZIP+4 Houston, TX 79019

PS Form 3800, June 2002 See Reverse for Instructions

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:

BMNW Resources, L.L.C.
P.O. Box 180573
Dallas, TX 75218

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 5-14-04

C. Signature X ☑ 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)* 7003 3110 0001 8379 2672

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-1

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:

Leila McConnell Gadbois
2525 Stanmore Drive
Houston, TX 79019

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 5-13-04

C. Signature Leila M. Gadbois ☐ 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)* 7003 3110 0001 8379 2825

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-2

7003 3110 0001 8379 2672

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY - 8 2004

Sent To
Street, Apt. No.; or PO Box No. BMNW Resources, L.L.C.
P.O. Box 180573
City, State, ZIP+4 Dallas, TX 75218

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5018

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

MAY

Sent To
Roy G. Barton, Jr., Trustee
Street, Apt. No.; or PO Box No. 1919 North Turner Street
City, State, ZIP+4 Hobbs, NM 88240

PS Form 3800, June 2002 See Reverse for Instructions

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:

Roy G. Barton, Jr., Trustee
1919 North Turner Street
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 5-10-04

C. Signature
X Brenda Stewart ☐ 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) 7004 0750 0000 9048 5018

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-V

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:

Ross Travis
P.O. Box 1202
Ojai, CA 93024

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 5/13/04

C. Signature
X Ross Travis ☐ Agent ☐ Addressee

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

Ross Travis

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) 7004 0750 0000 9048 6541

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

A-V

7004 0750 0000 9048 6541

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here MAY 04

USPS

Sent To
Ross Travis
Street, Apt. No.; or PO Box No. P.O. Box 1202
City, State, ZIP+4 Ojai, CA 93024

PS Form 3800, June 2002 See Reverse for Instructions

7003 3110 0001 8379 2832

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY - 3 2004 Postmark Here USPS

Sent To
Kenneth G. Cone
Street, Apt. No.; or PO Box No. Kenneth G. Cone, Trustee
P.O. Box 11310
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 See Reverse for Instructions

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:

June D. Speight
P.O. Drawer 1687
Lovington, NM 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* F Henderson — B. Date of Delivery 5/12/04

C. Signature
X Florine Henderson ☐ 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)* 7004 0750 0000 9048 5858

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

Kenneth G. Cone
Kenneth G. Cone, Trustee
P.O. Box 11310
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Shapira — B. Date of Delivery 5-13-04

C. Signature
X K Shapira ☐ 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)* 7003 3110 0001 8379 2832

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7004 0750 0000 9048 5858

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY - 3 2004 Postmark Here USPS

Sent To
June D. Speight
Street, Apt. No.; or PO Box No. P.O. Drawer 1687
City, State, ZIP+4 Lovington, NM 88260

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5919

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY -8 2004 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
William Walton Saunders
c/o Roma Oil & Gas Inc.
8620 North New Braunfels
San Antonio, TX 78217

PS Form 3800, June 2002 See Reverse for Instructions

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:

Edward Dreessen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

PALO CEDRO CA 96073 MAY 14 2004

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)* 7004 0750 0000 9048 5865

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

AR

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

William Walton Saunders
c/o Roma Oil & Gas Inc.
8620 North New Braunfels
San Antonio, TX 78217

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* BEVERLY FELTS B. Date of Delivery 5/11/04

C. Signature
X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5919

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

AR

7004 0750 0000 9048 5865

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY 2004 USPS

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Edward Dreessen, Jr.
P.O. Box 830
Palo Cedro, CA 96073

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 6404

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY -9 2004 Postmark Here USPS

Sent To: F. Bennett Watts
Street, Apt. No.; or PO Box No.: P.O. Box 231
City, State, ZIP+4: Breckenridge, TX 76424

PS Form 3800, June 2002 — See Reverse for Instructions

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:

F. Bennett Watts
P.O. Box 231
Breckenridge, TX 76424

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Bennett Watts — B. Date of Delivery: 5-10-04

C. Signature: X Bennett Watts — ☐ 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)*: 7004 0750 0000 9048 6404

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7003 3110 0001 8379 2788

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY -9 2004 Postmark Here USPS

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

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Cathie M. Cown — B. Date of Delivery: 5/11/04

C. Signature: X Cathie B. Cown — ☐ 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)*: 7003 3110 0001 8379 2788

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY 2004 Postmark Here

7004 0750 0000 9048 5827

Sent To
Street, Apt. No.; or PO Box No.: Nielson & Associates Inc.
P.O. Box 2850
City, State, ZIP+4: Cody, WY 82414

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Joseph Wesley Gallaher, II
19008 Quail Valley Boulevard
Gaithersburg, MD 20879

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Janice Gallaher — B. Date of Delivery: 5-7-04

C. Signature: X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5131

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2 A-2

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:

Nielson & Associates Inc.
P.O. Box 2850
Cody, WY 82414

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: LIZ VAIL — B. Date of Delivery

C. Signature: X [signature] ☐ Agent ☐ Addressee

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

MAY 11 2004 82414 USPS

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)* 7004 0750 0000 9048 5827

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

MAY - 3 2004 Postmark Here

7004 0750 0000 9048 5131

Sent To
Street, Apt. No.; or PO Box No.: Joseph Wesley Gallaher, II
19008 Quail Valley Boulevard
City, State, ZIP+4: Gaithersburg, MD 20879

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 6602

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY - 8 2004 USPS

Sent To
Street, Apt. No.; or PO Box No. Elson Oil Company, Suite 1404, 20 East 5th Street
City, State, ZIP+4 Tulsa, OK 74103

PS Form 3800, June 2002 See Reverse for Instructions

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:

Ingrid Powell
P.O. Box 416
Los Altos, CA 94022

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Ingrid Powell ☐ Agent ☐ Addressee

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

LOS ALTOS CA JUN 3 2004 USPS

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)* 7004 0750 0000 9048 5889

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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:

Elson Oil Company
Suite 1404
20 East 5th Street
Tulsa, OK 74103

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Susan Cook | B. Date of Delivery 5/11/04

C. Signature
X Susan Cook ☐ Agent ☐ Addressee

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

TULSA OK 74103 MAY 11 2004 USPS

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)* 7004 0750 0000 9048 6602

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7004 0750 0000 9048 5889

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY - 8 2004 USPS

Sent To
Street, Apt. No.; or PO Box No. Ingrid Powell, P.O. Box 416, Los Altos, CA 94022
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5896

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY - 8 2004

Sent To
Street, Apt. No.; or PO Box No.: Betty Kyte Dreessen Irrevocable Trust, P.O. Box 1665
City, State, ZIP+4: Los Altos, CA 94022

PS Form 3800, June 2002 — See Reverse for Instructions

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:

JV Royalty Group
P.O. Box 2035
Roswell, NM 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Jane Andrus — B. Date of Delivery: 5-11-04

C. Signature: X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5780

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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:

Betty Kyte Dreessen Irrevocable Trust
P.O. Box 1665
Los Altos, CA 94022

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: X Kyte Dreessen Trust ☐ Agent ☑ Addressee

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

SANTA FE CA JUN 3 2004 USPS

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)* 7004 0750 0000 9048 5896

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7004 0750 0000 9048 5780

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 Postmark Here MAY 8 2004 USPS

Sent To
Street, Apt. No.; or PO Box No.: JV Royalty Group, P.O. Box 2035
City, State, ZIP+4: Roswell, NM 88202

PS Form 3800, June 2002 — See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY Postmark Here 2004 USPS

7004 0750 0000 9048 5957

Sent To Miles Boldrick

Street, Apt. No.; or PO Box No. P.O. Box 10668

City, State, ZIP+4 Midland, TX 79702

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136

Attention: Mario R. Moreno, Jr.

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

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

ROBERT WAYNE JENKINS TULSA MAY 11 2004 136 USPS

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)* 7004 0750 0000 9048 6503

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A/2

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:

Miles Boldrick
P.O. Box 10668
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Loree Merrimon — B. Date of Delivery MAY 11 2004

C. Signature
X Loree Merrimon ☐ Agent ☐ Addressee

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

MIDLAND TX MAY 11 2004 USPS

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)* 7004 0750 0000 9048 5957

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A/2

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY Postmark Here 2004 USPS

7004 0750 0000 9048 6503

Sent To Apache Corporation
Two Warren Place
Suite 1500

Street, Apt. No.; or PO Box No. 6120 South Yale

City, State, ZIP+4 Tulsa, OK 74136
Attention: Mario R. Moreno, Jr.

PS Form 3800, June 2002 — See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

MAY -8 2004 Postmark Here — USPS

7004 0750 0000 9048 5056

Sent To
Street, Apt. No.; or PO Box No.: Marjo Operating Co., Inc.
P.O. Box 729
City, State, ZIP+4: Tulsa, OK 74101

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Pure Energy Group, Inc.
Suite 220
153 Treeline Park
San Antonio, TX 78209-1880

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Larry Cochran — B. Date of Delivery

C. Signature: X — ☐ 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)*: 7004 0750 0000 9048 6510

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2

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:

Marjo Operating Co., Inc.
P.O. Box 729
Tulsa, OK 74101

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature: X — ☐ Agent ☐ Addressee

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

TULSA OK 741 03 — MAY 11 2004 — USPS

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)*: 7004 0750 0000 9048 5056

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A-2

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 — MAY Postmark Here 2004 — USPS

7004 0750 0000 9048 6510

Sent To
Street, Apt. No.; or PO Box No.: Pure Energy Group, Inc.
Suite 220
153 Treeline Park
City, State, ZIP+4: San Antonio, TX 78209-1880

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 5032

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To
Street, Apt. No.; or PO Box No.: Normarth Corporation
52 Salem Ridge Drive
City, State, ZIP+4: Huntington, NY 11743

PS Form 3800, June 2002 — See Reverse for Instructions

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:

BNW, Inc.
P.O. Box 892044
Oklahoma City, OK 73189

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery
Buck Scifres — MAY 11 2004

C. Signature
X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5063

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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:

Normarth Corporation
52 Salem Ridge Drive
Huntington, NY 11743

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [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

2. Article Number *(Copy from service label)* 7004 0750 0000 9048 5032

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

7004 0750 0000 9048 5063

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here
MAY – 8 2004

Sent To
Street, Apt. No.; or PO Box No.: BNW, Inc.
P.O. Box 892044
City, State, ZIP+4: Oklahoma City, OK 73189

PS Form 3800, June 2002 — See Reverse for Instructions

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY - 8 2004 Postmark Here
USPS

7004 0750 0000 9048 5995

Sent To
Saunders Family Enterprises Ltd.
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

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:

The Long Trusts
P.O. Box 3096
Kilgore, TX 75663

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: ELISABETH STOUT — B. Date of Delivery: 5-11-04

C. Signature: Elisabeth Stout — ☐ 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)* 7004 0750 0000 9048 6626

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

A.V

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:

Saunders Family Enterprises Ltd.
Suite 220
8620 North New Braunfels
San Antonio, TX 78217

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Beverly Felts — B. Date of Delivery: 5/11/04

C. Signature: X BEVERLY FELTS — ☑ 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)* 7004 0750 0000 9048 5995

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

AV

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY 28 2004 Postmark Here
USPS

7004 0750 0000 9048 6626

Sent To
The Long Trusts
P.O. Box 3096
Kilgore, TX 75663

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7004 0750 0000 9048 5902

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY 8 2004
USPS

Sent To Gary W. Palmer
Street, Apt. No.; or PO Box No. 13711 Oak Pebble
City, State, ZIP+4 San Antonio, TX 78232

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5933

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY - 8 2004
USPS

Sent To Betty Dreessen Revocable Living Trust
Street, Apt. No.; or PO Box No. 27447 Edgerton Drive
City, State, ZIP+4 Los Altos, CA 94022

PS Form 3800, June 2002 See Reverse for Instructions

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

MAY 17 2004

T NOTICE
D NOTICE
ETURN

CERTIFIED MAIL

7004 0750 0000 9048 5070

Osprey Resources, Inc.
Suite 1512
921 Main Street
Houston, TX 77002

ADDRSD UNABLE TO FORWARD

UAA
7-21

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

MAY 3 2004 USPS 501-9998

7004 0750 0000 9048 5070

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Osprey Resources, Inc.
Suite 1512
921 Main Street
Houston, TX 77002

PS Form 3800, June 2002 — See Reverse for Instructions

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

7004 0750 0000 9048 5872

1ST NOTICE
2ND NOTICE
RETURN

David Bond Kyte 1997 Trust
P.O. Box 576
Santa Barbara, CA 93102

Deceased

USA

$3.85

5.11

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998 MAY 2004 Postmark Here

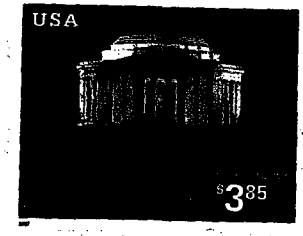
7004 0750 0000 9048 5872

Sent To: David Bond Kyte 1997 Trust
Street, Apt. No.; or PO Box No.: P.O. Box 576
City, State, ZIP+4: Santa Barbara, CA 93102

PS Form 3800, June 2002 — See Reverse for Instructions

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504



7004 0750 0000 9048 6572

George G. Travis Trust
1712 Palisades Drive
Pacific Palisades, CA 90272

RNC 5-12-04

UNCLAIMED

1ST NOTICE 6-8-04
2ND NOTICE
RETURN

NAME
1st Notice 5-12
2nd Notice 5-17
Retu

7004 0750 0000 9048 6572

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Sent To: George G. Travis Trust
Street, Apt. No.; or PO Box No.: 1712 Palisades Drive
City, State, ZIP+4: Pacific Palisades, CA 90272

PS Form 3800, June 2002 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Estate of John L. Brady
5220 West Barry Avenue
Chicago, IL 60641

2. Article Number (Copy from service label) 7004 0750 0000 9048 5100

CHICAGO, IL 606 PM 2004

...urn Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ 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)

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here 2004 — 07501-9998 USPS

7004 0750 0000 9048 5100

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Estate of John L. Brady
5220 West Barry Avenue
Chicago, IL 60641

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1056
SANTA FE NM 87504

7003 3110 0001 8379 2818

NOTIFIED
5/11/4

John E. McConnell
1318 Briar Bayou
Houston, TX 77077

UNCLAIMED

1ST NOTICE 6-7-04
2ND NOTICE
RETURN

516
5-80

77077+2002 46

7003 3110 0001 8379 2818

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501 9998
MAY Postmark Here 2004
USPS

Sent To
John E. McConnell
Street, Apt. No.; or PO Box No. 1318 Briar Bayou
City, State, ZIP+4 Houston, TX 77077

PS Form 3800, June 2002 See Reverse for Instructions

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1056
SANTA FE NM 8751

JUN 03 2004

1ST NOTICE
2ND NOTICE
RETURN

RETURN TO SENDER — UNCLAIMED

7004 0750 0000 4048 5964

MIDLAND/ODESSA TX 797
PM
25 MAY

MIDLAND TX DOWNTOWN STA.

USA

James P. Boldrick
P.O. Box 10605
Midland, TX 79702

5/10
5-19

79702+7900

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
MAY 18 2004
Postmark Here
USPS

Sent To
Street, Apt. No.; or PO Box No. James P. Boldrick, P.O. Box 10605, Midland, TX 79702
City, State, ZIP+4

7004 0750 0000 4048 5964

PS Form 3800, June 2002 — See Reverse for Instructions

CERTIFIED MAIL™

JAMES BRUCE
PO BOX 1073
SANTA FE NM 87504

Robert B. Mitchell Trust
Suite 270
2323 South Voss
Houston, TX 77057

Not sent
5-11-04

UNCLAIMED

77057+3822 02

7004 0250 0000 9048 5926

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY 18 2004

Sent To
Robert B. Mitchell Trust
Street, Apt. No.; or PO Box No.
Suite 270
2323 South Voss
City, State, ZIP+4
Houston, TX 77057

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Dorothy Campbell, Trustee
Suite 203
2323 South Voss
Houston, TX 77057

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X ☐ 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)* 7003 3110 0001 8379 2764

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7003 3110 0001 8379 2764

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

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

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

SANTA FE NM 87501-9998
Postmark Here
MAY - 8 2004
USPS

Sent To Dorothy Campbell, Trustee
Street, Apt. No.; or PO Box No. Suite 203
2323 South Voss
City, State, ZIP+4 Houston, TX 77057

PS Form 3800, June 2002 See Reverse for Instructions