

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF PLATINUM EXPLORATION,
INC. TO ABOLISH THE SPECIAL RULES AND
REGULATIONS FOR THE SOUTH KNOWLES-
DEVONIAN POOL, LEA COUNTY, NEW MEXICO.

Case No. 13400

AFFIDAVIT REGARDING NOTICE

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

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

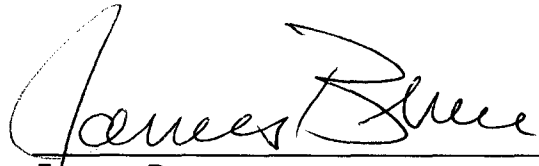
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

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 16th day of March, 2005, by James Bruce.


Notary Public

My Commission Expires:

12-6-08

OIL CONSERVATION DIVISION

CASE NUMBER 13400

EXHIBIT NUMBER A

3-17-2005

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

February 23, 2005

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

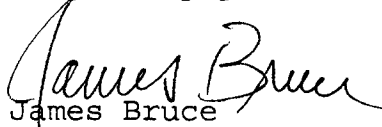
To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application to abolish the special pool rules for the South Knowles-Devonian Pool, Lea County, New Mexico, filed with the New Mexico Oil Conservation Division by Platinum Exploration, Inc. This application is scheduled to be heard at 8:15 a.m. on Thursday, March 17, 2005 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the NE¼ §24-17S-38E, you have the right to appear at the hearing. 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, March 11, 2005, if you intend to enter an appearance and participate in the case.

Very truly yours,


James Bruce

Attorney for Platinum Exploration, Inc.



EXHIBIT A

Saeed Afghahi
P. O. Box 3193
Midland, Texas 79702

W. R. Anchors

Hi Mountain Energy Corp.
P. O. Box 110
Midland, Texas 79702

MBOE, Inc.
4925 Greenville Avenue, Suite 965
Dallas, Texas 75206

ICA Energy, Inc.
700 N. Grant Ave.
Odessa, Texas 79761

HOG Partnership
5950 Cedar Springs Road, Suite 242
Dallas, Texas 75235

Randell R. Foster
P. O. Box 10034
Midland, Texas 79702

David H. Essex
P. O. Box 50577
Midland, Texas 79702

William N. Clelland
2302 Gray Falls
Houston, Texas 77077

Anderson Carter Estate
Anderson Carter, III Personal Rep
P. O. box 7190
Ruidoso, New Mexico 88355

**Powhatan and Beverly T. Carter
Revocable Trust**
P. O. Box 328
Fort Sumner, New Mexico 88119

Vaughn Petroleum Royalty
3738 Oak Lawn, Suite 101
Dallas, Texas 75219

Montgomery Petroleum
P. O. Box 600490
Dallas, Texas 75360-0490

Black Stone Minerals Co. LP
1001 Fannin, Suite 2020
Houston, Texas 77002

The Joy Partners
P. O. Box 576
Ardmore, Oklahoma 73402-0576

Tritex Production Co.
17194 Preston Road, #123
Dallas, Texas 75252

Purnell Morrow Co.
4925 Greenville Avenue, Suite 1116
Dallas, Texas 75216

Everett Coon, Jr.
4925 Greenville Avenue, Suite 1116
Dallas, Texas 75216

The William K. Warren Foundation
P. O. Box 470373
Tulsa, Oklahoma 74147

R. F. and Juanell Fort Properties
P. O. Box 2044
Midland, Texas 79702

**Kay Culp and Tracy Culp
Co-Trustees of the
Culp 1997 Irrevocable Mineral Trust
Dated 7-1-97**
2008 Vega Court
Hobbs, New Mexico 88240
Susan G. Taylor
P. O. Box 1031
Ross, California 94957

FCH Exploration Corp.
1560 Broadway, Suite 200
Denver, Colorado 80202

**Jack M. Stern, Administrator
of the Ferris F. Hamilton
Family Trust**
6750 South Lima Street
Englewood, Colorado 80112

Gayle Boon
#11 High Point Drive
Allen, Texas 75002

**Everett R. Jones, Jr., Trustee
of the Jones Family Trust**
8080 N. Central Expressway, Suite 1420
Dallas, Texas 75206

Mary Jane Brown Courtney Johndroe
P. O. Box 3465
Midland, Texas 79702

SOOL, Ltd.
P. O. Box 2237
Midland, Texas 79702

The Long Trusts
P. O. Box 3096
118 South Kilgore Street
Kilgore, Texas 75663

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

**Bank of Oklahoma, N. A., Trustee
u/w and codicil of Kathleen Cone,
dec'd f/b/o the Children of Tom R. Cone**
P. O. Box 1588
Tulsa, Oklahoma 74101

Randy Lee Cone
P. O. Box 74346
Jay, Oklahoma 74346

Cathie Auvenshine McCown
P. O. Box 658
Dripping Springs, Texas 78620

**Cathie Cone McCown, Trustee
u/w and codicil of Kathleen Cone,
dec'd f/b/o the Children of Cathie Cone McCown**
P. O. Box 507
Dripping Springs, Texas 78620

Kenneth G. Cone
P. O. Box 11310
Midland, Texas 79702

**Kenneth G. Cone, Trustee
u/w and codicil of Kathleen Cone,
dec'd f/b/o the Children of Kenneth G. Cone**
P. O. Box 11310
Midland, Texas 79702

Olin Young
115 Romes Bay Road
Jena, Louisiana 71342

D'Aun Lucero
P. O. Box 1970
Canutillo, Texas 79835

Patricia Arlean Largent
27 Road 1639
Farmington, New Mexico 87401

Mettie Glenn Granath
P. O. Box 281
Lovington, New Mexico 88260

Geno Naylor
3425 Acoma
Hobbs, New Mexico 88260

FCH Exploration Corp.
1560 Broadway, Suite 200
Denver, Colorado 80202

**Jack M. Stern, Administrator
of the Ferris F. Hamilton
Family Trust**
6750 South Lima Street
Englewood, Colorado 80112

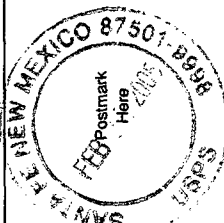
Anna Jean Noah
3206 Douglas
Midland, Texas 79701

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



Sent To

William N. Cleland
2302 Gray Falls
Houston, Texas 77077
or PO Box No. _____
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

0022 9495 2000 0911 4002

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

Sent To
 HI Mountain Energy Corp.
 P. O. Box 110
 Midland, Texas 79702
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4



2222 9495 2000 0911 4002

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 Truett
 P. O. Box 3098
 118 South Kilgore Street
 Kilgore, Texas 75663

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 2488

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elisbeth Stark* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *ELISABETH STARK* C. Date of Delivery *2-25-03*

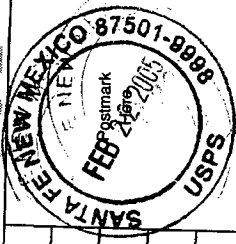
D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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



Sent To

The Long Truett
 P. O. Box 3098
 118 South Kilgore Street
 Kilgore, Texas 75663
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

2222 9495 2000 0911 4002

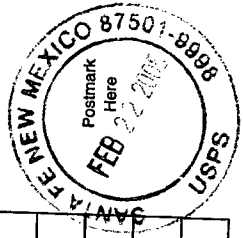
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OFFICIAL USE

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

Sent To
 FCH Exploration Corp.
 1560 Broadway, Suite 200
 Denver, Colorado 80202
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



0664 9495 2000 0911 4002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 Jack M. Stern, Administrator
 of the Ferris F. Hamilton
 Family Trust
 8750 South Lima Street
 Englewood, Colorado 80112

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *2-24-02* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4390

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 FCH Exploration Corp.
 1560 Broadway, Suite 200
 Denver, Colorado 80202

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☒ Agent ☐ Addressee
 B. Received by (Printed Name) *2-24-02* C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4383

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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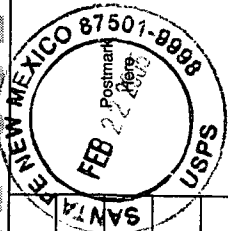
OFFICIAL USE

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

Sent To
 Jack M. Stern, Administrator
 of the Ferris F. Hamilton
 Family Trust
 8750 South Lima Street
 Englewood, Colorado 80112
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

0664 9495 2000 0911 4002



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



Sent To
Cathie Cone McCown, Trustee
u/w and co-trustee of Cathie Cone McCown
dec'd filio the Children of Cathie Cone McCown
P.O. Box 507
Dripping Springs, Texas 78620
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:

Cathie Cone McCown, Trustee
u/w and co-trustee of Cathie Cone McCown
dec'd filio the Children of Cathie Cone McCown
P.O. Box 507
Dripping Springs, Texas 78620

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4307

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:

Everett R. Jones, Jr., Trustee
of the Jones Family Trust
8080 N. Central Expressway, Suite 1420
Dallas, Texas 75206

2. Article Number (Transfer from service label)

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:

Everett R. Jones, Jr., Trustee
of the Jones Family Trust
8080 N. Central Expressway, Suite 1420
Dallas, Texas 75206

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number (Transfer from service label) 7004 1160 0002 5646 4307

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *[Signature]* ☐ Agent ☐ Addressee
- B. Received by (Printed Name) *[Signature]* Date of Delivery *2/24/05*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt 7004 1160 0002 5646 2457

PS Form 3800, June 2002

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



Sent To

Everett R. Jones, Jr., Trustee
of the Jones Family Trust
8080 N. Central Expressway, Suite 1420
Dallas, Texas 75206

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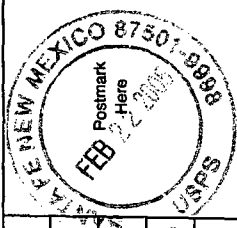
See Reverse for Instructions

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OFFICIAL USE

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



Sent To
Powhatan and Beverly T. Carter
Revocable Trust
P. O. Box 328
Fort Sumner, New Mexico 88119
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:

Powhatan and Beverly T. Carter
Revocable Trust
P. O. Box 328
Fort Sumner, New Mexico 88119

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 2303

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

~~Vaughn Petroleum Royalty
3738 Oak Lawn, Suite 101
Dallas, Texas 75219~~

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7004 1160 0002 5646 2310

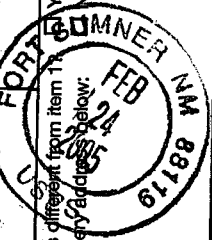
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *Beverly Carter* ☐ Agent ☐ Addressee
B. Received by (Printed Name) FOR SUMNER ☐ Date of Delivery

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



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

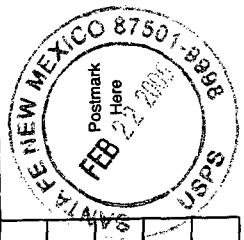
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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OFFICIAL USE

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



Sent To
Vaughn Petroleum Royalty
3738 Oak Lawn, Suite 101
Dallas, Texas 75219
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

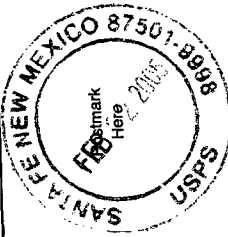
0762 9595 2000 0977 4002

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OFFICIAL USE

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



Sent To
Cathie Auvenshine McCown
P.O. Box 656
Dripping Springs, Texas 78620
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:

Cathie Auvenshine McCown
P.O. Box 656
Dripping Springs, Texas 78620

2. Article Number
(Transfer from service label)
7004 1160 0002 5646 4291

PS Form 3811, August 2001 Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

The William K. Warren Foundation
P.O. Box 470373
Tulsa, Oklahoma 74147

2. Article Number
(Transfer from service label)
7004 1160 0002 5646 2389

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X ☒ Addressee
B. Received by (Printed Name) ALLEN MARRIN
C. Date of Delivery 2-25
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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OFFICIAL USE

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



Sent To
The William K. Warren Foundation
P.O. Box 470373
Tulsa, Oklahoma 74147
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
Cathie Auvenshine McCown ☐ Addressee
B. Received by (Printed Name) C. Auvenshine
C. Date of Delivery 2-25-05
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)
7004 1160 0002 5646 4291

PS Form 3811, August 2001 Domestic Return Receipt

102595-02-M-1540

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 \$

Sent To
 Street, Apt. No., or PO Box No.
 Everett Coon, Jr.
 4925 Greenville Avenue, Suite 1116
 Dallas, Texas 75216
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



2272 9495 2000 0977 4002

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:

2. Article Number (Transfer from service label) 7004 1160 0002 5646 2365

PS Form 3811, February 2004

Purnell Morrow Co.
 4925 Greenville Avenue, Suite 1116
 Dallas, Texas 75216

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Julie Pierce* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Julie Pierce* C. Date of Delivery *FEB 22 2005*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Domestic Return Receipt *PE-SK*

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

2. Article Number (Transfer from service label) 7004 1160 0002 5646 2372

PS Form 3811, February 2004

Everett Coon, Jr.
 4925 Greenville Avenue, Suite 1116
 Dallas, Texas 75216

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Julie Pierce* ☐ Agent ☐ Addressee
 B. Received by (Printed Name) *Julie Pierce* C. Date of Delivery *FEB 22 2005*
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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 \$



Sent To
 Street, Apt. No., or PO Box No.
 Purnell Morrow Co.
 4925 Greenville Avenue, Suite 1116
 Dallas, Texas 75216
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

5492 9495 2000 0977 4002

7004 1160 0002 5646 2341

U.S. Postal Service™
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OFFICIAL USE

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

Sent To
The Joy Partners
P. O. Box 578
Ardmore, Oklahoma 73402-0578
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:

COMPLETE THIS SECTION ON DELIVERY

A. Signature Steve Martin ☐ Agent ☐ Addressee
B. Received by (Printed Name) STEVE MARTIN C. Date of Delivery 2-23-05
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

2. Article Number (Transfer from service label) 7004 1160 0002 5646 2341
PS Form 3811, February 2004 Domestic Return Receipt
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Jack M. Stamm, Administrator
of the Ferris F. Hamilton
Family Trust
6750 South Lima Street
Englewood, Colorado 80112

2. Article Number (Transfer from service label) 7004 1160 0002 5646 2433
PS Form 3811, August 2001 Domestic Return Receipt
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jack M. Stamm ☒ Agent ☐ Addressee
B. Received by (Printed Name) Jack M. Stamm C. Date of Delivery 2-23-05
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

Article Number (Transfer from service label) 7004 1160 0002 5646 2433
PS Form 3811, August 2001 Domestic Return Receipt
102595-02-M-1540

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

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

Sent To
Jack M. Stamm, Administrator
of the Ferris F. Hamilton
Family Trust
6750 South Lima Street
Englewood, Colorado 80112
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 1160 0002 5646 2433

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
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OFFICIAL USE

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

Sent To
Black Stone Minerals Co. LP
1001 Fannin, Suite 2020
Houston, Texas 77002
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions



4552 9495 2000 0977 4002

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:

Black Stone Minerals Co. LP
1001 Fannin, Suite 2020
Houston, Texas 77002

2. Article Number
(Transfer from service label) 7004 1160 0002 5646 2334

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

COMPLETE THIS SECTION ON DELIVERY
A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 22505
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7004 1160 0002 5646 2334

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

SENDER: COMPLETE THIS SECTION

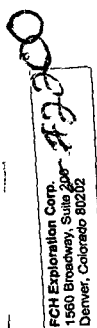
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FCH Exploration Corp.
1500 Broadway, Suite 200
Denver, Colorado 80202

2. Article Number
(Transfer from service label) 7004 1160 0002 5646 2426

PS Form 3811, August 2001 Domestic Return Receipt SK-SK 102595-02-M-1540



COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery 22505
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7004 1160 0002 5646 2426

PS Form 3800, June 2002 See Reverse for Instructions

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OFFICIAL USE

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

Sent To
FCH Exploration Corp.
1500 Broadway, Suite 200
Denver, Colorado 80202
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions

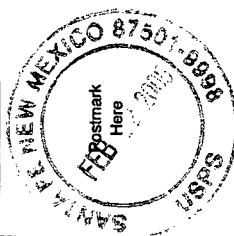


9242 9495 2000 0977 4002

U.S. Postal ServiceTM
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OFFICIAL USE

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

Sent To
Anderson Carter Estate
Anderson Carter, 11 Personal Rep
P.O. Box 7190
Ruidoso, New Mexico 88355
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions



2622 9495 2000 0911 4002

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:

ICA Energy, Inc.
700 N. Grant Ave.
Odessa, Texas 79701

2. Article Number (Transfer from service label)
7004 1160 0002 5646 2297

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
April Lavarez ☐ Addressee

B. Received by (Printed Name) *April Lavarez* Date of Delivery *FEB 25 2005*

C. 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

Domestic Return Receipt *PR-SK* 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Anderson Carter Estate
Anderson Carter, 11 Personal Rep
P.O. Box 7190
Ruidoso, New Mexico 88355
City, State, ZIP+4
PS Form 3811, February 2004 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
April Carter ☐ Addressee

B. Received by (Printed Name) *April Carter* Date of Delivery *2-25-05*

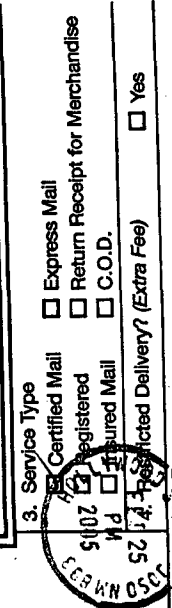
C. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label)
7004 1160 0002 5646 2297

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



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OFFICIAL USE

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

Sent To
ICA Energy, Inc.
700 N. Grant Ave.
Odessa, Texas 79701
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

2622 9495 2000 0911 4002

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

Sent To
MBOE, Inc.
4925 Greenville Avenue, Suite 965
Dallas, Texas 75206

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

PS Form 3800, June 2002 See Reverse for Instructions



5622 1160 0002 5646 2235

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:

2. Article Number
(Transfer from service label) 7004 1160 0002 5646 2235

PS Form 3811, February 2004 Domestic Return Receipt PS Form 3800, June 2002 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature x D. D. Stuenkel ☐ Agent ☐ Addressee

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

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

MBOE, Inc.
4925 Greenville Avenue, Suite 965
Dallas, Texas 75206

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:

2. Article Number
(Transfer from service label) 7004 1160 0002 5646 2440

PS Form 3811, August 2001 Domestic Return Receipt PS Form 3800, June 2002 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Gayle Boon ☐ Agent ☐ Addressee

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

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Gayle Boon
#11 High Point Drive
Allen, Texas 75002

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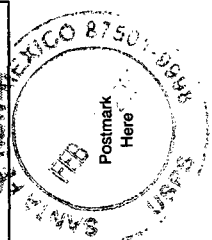
OFFICIAL USE

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

Sent To
Gayle Boon
#11 High Point Drive
Allen, Texas 75002

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

PS Form 3800, June 2002 See Reverse for Instructions



0442 9495 2000 0977 4002

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OFFICIAL USE

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

Postmark
Here

Sent To

Kenneth G. Cone, Trustee
and codirector of Kathleen Cone,
and codirector of the Children of Kenneth G. Cone
P.O. Box 1310
Midland, Texas 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:

Kenneth G. Cone, Trustee
and codirector of Kathleen Cone,
and codirector of the Children of Kenneth G. Cone
P.O. Box 1310
Midland, Texas 79702

- 3. Service Type**
- ☒ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.
- 4. Restricted Delivery? (Extra Fee)** ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 4321

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

RECEIVED

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

David H. Essex
P.O. Box 50577
Midland, Texas 79702

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 2273

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED

COMPLETE THIS SECTION ON DELIVERY

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service™

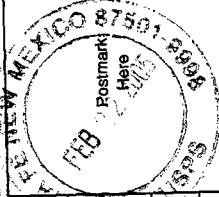
CERTIFIED MAIL™ RECEIPT

(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	\$



Sent To

David H. Essex
P.O. Box 50577
Midland, Texas 79702

PS Form 3800, June 2002

See Reverse for Instructions

7222 9495 2000 0977 4002

**U.S. Postal Service™
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OFFICIAL USE

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

Sent To

HOG Partnership
5950 Cedar Springs Road, Suite 242
Dallas, Texas 75235

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:

Saeed Afghahi
P.O. Box 3193
Midland, Texas 79702

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7004 1160 0002 5646 2211

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HOG Partnership
5950 Cedar Springs Road, Suite 242
Dallas, Texas 75235

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent ☒ Addressee ☐

B. Received by (Printed Name) SAEED AFHAHI C. Date of Delivery 3/2/05

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7004 1160 0002 5646 2259

Domestic Return Receipt

102595-02-M-1540

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

PS Form 3800, June 2002

See Reverse for Instructions

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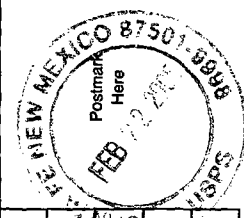
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To

Saeed Afghahi
P.O. Box 3193
Midland, Texas 79702

Street, Apt. No.,
or PO Box No.

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 \$

Sent To
 Key Culp and Tracy Culp
 Co-Trustees of the
 Culp 1987 Irrevocable Mineral Trust
 Dated 7-1-97
 2008 Vega Court
 Hobbs, New Mexico 88240

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

PS Form 3800, June 2002 See Reverse for Instructions



2002 9495 2000 0911 4002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Susan G. Taylor
 P. O. Box 1031
 Rose, California 94957

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7004 1160 0002 5646 2419

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Key Culp and Tracy Culp
 Co-Trustees of the
 Culp 1987 Irrevocable Mineral Trust
 Dated 7-1-97
 2008 Vega Court
 Hobbs, New Mexico 88240

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7004 1160 0002 5646 2402

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Tracy Culp C. Date of Delivery 2/25/04
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

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

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

Sent To

Susan G. Taylor
 P. O. Box 1031
 Rose, California 94957

PS Form 3800, June 2002 See Reverse for Instructions

2002 9495 2000 0911 4002

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

Sent To
R. F. and Juanell Fort Properties
P. O. Box 2044
Midland, Texas 79702
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:

R. F. and Juanell Fort Properties
P. O. Box 2044
Midland, Texas 79702

2. Article Number
(Transfer from service label)

7004 1160 0002 5646 2396

PS Form 3811, February 2004

Domestic Return Receipt

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

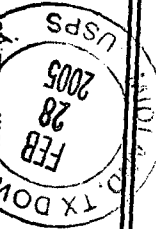
A. Signature R. F. Fort ☒ Agent ☐ Addressee

B. Received by (Printed Name) R. F. Fort ☐ Agent ☐ Addressee

C. Date of Delivery 2-28-05

D. Is delivery address different from the one on the mailpiece? ☒ Yes ☐ No

If YES, enter delivery address below:



3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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, N. A., Trustee
Juw and co-dial of Kathleen Cone,
P.O. Box 1383
Tulsa, Oklahoma 74101

2. Article Number
(Transfer from service label)

7004 1160 0002 5646 2501

PS Form 3811, August 2001

Domestic Return Receipt

PS Form 3800, June 2002

See Reverse for Instructions

A. Signature D. Cone ☒ Agent ☐ Addressee

B. Received by (Printed Name) D. Cone ☐ Agent ☐ Addressee

C. Date of Delivery FEB 28 2005

D. Is delivery address different from item 1? ☐ Yes ☒ No

If YES, enter delivery address below:



3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

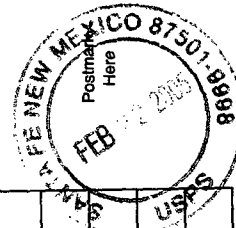
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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 \$	



Sent To
Bank of Oklahoma, N. A., Trustee
Juw and co-dial of Kathleen Cone,
P.O. Box 1383
Tulsa, Oklahoma 74101

See Reverse for Instructions

PS Form 3800, June 2002

**U.S. Postal Service™
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OFFICIAL NEW MEXICO

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

Sent To
D'Aun Lucero
P.O. Box 1970
Canutillo, Texas 78635
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:

D'Aun Lucero
P.O. Box 1970
Canutillo, Texas 78635

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)

7004 1160 0002 5646 4345

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mettie Glenn Grannath
P.O. Box 281
Lovington, New Mexico 88260

2. Article Number (Transfer from service label)

7004 1160 0002 5646 4369

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

OFFICIAL NEW MEXICO

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

Sent To
Mettie Glenn Grannath
P.O. Box 281
Lovington, New Mexico 88260
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

6964 9495 2000 0911 4002

**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	\$

Sent To
 Street, Apt. No.,
 P. O. Box No.
 City, State, ZIP+4

Randall R. Foster
 P. O. Box 10034
 Midland, Texas 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:

Randall R. Foster
 P. O. Box 10034
 Midland, Texas 79702

2. Article Number
 (Transfer from service label) 7004 1160 0002 5646 2266

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) Sharon Corrao
 C. Date of Delivery MAR 1 2005
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

7004 1160 0002 5646 2266

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Montgomery Petroleum
 P. O. Box 800490
 Dallas, Texas 75380-0490

2. Article Number
 (Transfer from service label) 7004 1160 0002 5646 2327

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

**U.S. Postal Service™
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OFFICIAL USE

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

Sent To

Street, Apt. No.,
 or P.O. Box No.
 City, State, ZIP+4

Montgomery Petroleum
 P. O. Box 800490
 Dallas, Texas 75380-0490

PS Form 3800, June 2002 See Reverse for Instructions

2262 9495 2000 0911 4002

9922 9495 2000 0911 4002

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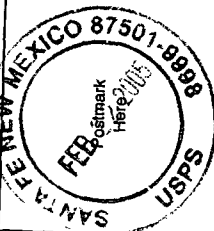
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Patricia Arlean Largent
 27 Road 1639
 Farmington, New Mexico 87401
 Street, Apt. No., or PO Box No.
 City, State, Zip+4

PS Form 3800, June 2002
 See Reverse for Instructions



25EH 9495 2000 09TT 4002

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 Arlean Largent
 27 Road 1639
 Farmington, New Mexico 87401

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 4352

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

PR-SK

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Patricia Arlean Largent* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *PATRICIA ARGENT* C. Date of Delivery *2/26/05*
- D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

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:

SOOL Ltd.
 P.O. Box 2237
 Midland, Texas 79702



2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

PR-SK

7004 1160 0002 5646 2471

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OFFICIAL USE

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

Sent To

SOOL Ltd.
 P.O. Box 2237
 Midland, Texas 79702
 Street, Apt. No., or PO Box No.
 City, State, Zip+4

PS Form 3800, June 2002

See Reverse for Instructions



7004 1160 0002 09TT 4002

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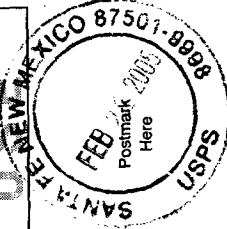
OFFICIAL USE

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

Sent To
Olin Young
115 Romas Bay Road
Jena, Louisiana 71342

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:

Olin Young
115 Romas Bay Road
Jena, Louisiana 71342

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Olin Young*

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

Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

1. Article Addressed to:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

7004 1160 0002 5646 4338

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Kenneth G. Cone
P. O. Box 11310
Midland, Texas 79702

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

7004 1160 0002 5646 4314

Domestic Return Receipt

102595-02-M-1540

A. Signature *K. Shapine*

B. Received by (Printed Name) *SHAPINE*

C. Date of Delivery *MAR 8 2005*

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ C.O.D.

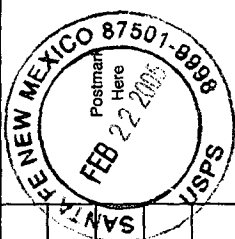
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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OFFICIAL USE

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



Sent To

Kenneth G. Cone
P. O. Box 11310
Midland, Texas 79702

PS Form 3800, June 2002

See Reverse for Instructions

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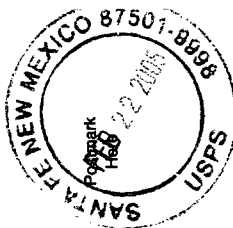
OFFICIAL USE

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

Sent To
Mary Jane Brown Courtney Johnndoe
P.O. Box 3465
Midland, Texas 79702
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



4962 9495 2000 0911 4002

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:

Geno Naylor
3425 Acoma
Hobbs, New Mexico 88260

2. Article Number
(Transfer from service label)

7004 1160 0002 5646 4376

Form 3811, August 2001

Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Geno Naylor
- B. Received by (Printed Name) C. Date of Delivery
228-05
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Jane Brown Courtney Johnndoe
P.O. Box 3465
Midland, Texas 79702

2. Article Number
(Transfer from service label)

7004 1160 0002 5646 2464

PS Form 3811, August 2001

Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Geno Naylor
- B. Received by (Printed Name) C. Date of Delivery
228-05
- 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

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OFFICIAL USE

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



Sent To
Geno Naylor
3425 Acoma
Hobbs, New Mexico 88260
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

9265 9495 2000 0911 4002

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

OFFICIAL USE

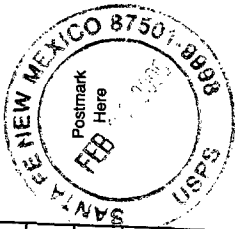
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To

Randy Lee Cone
P.O. Box 778
Jay, Oklahoma 74346
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



7004 1160 0002 5646 5014

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 74346
Jay, Oklahoma 74346

2. Article Number (Transfer from service label)

7004 1160 0002 5646 5014

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *Randy Lee Cone*

C. Date of Delivery *FEB 28 2005*

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below:
*PO Box 552
Jay OK 74346*

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Randy Lee Cone
P.O. Box 778
Jay, Oklahoma 74346

2. Article Number (Transfer from service label)

7004 1160 0002 5646 5014

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

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

2. Article Number (Transfer from service label)

7004 1160 0002 5646 2495

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*

B. Received by (Printed Name) *Tom R. Cone*

C. Date of Delivery *FEB 28 2005*

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

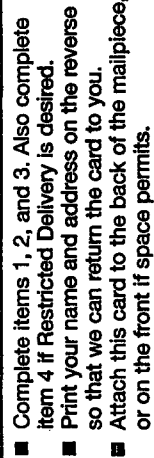
3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Sent To

Tom R. Cone
P.O. Box 778
Jay, Oklahoma 74346
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

5642 9495 2000 0911 4002

**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 \$	

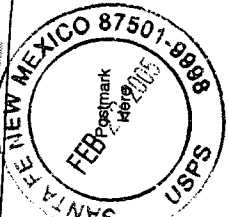
Sent To

Article Addressed to:

Article Number

PS Form 3800, June 2002

See Reverse for Instructions



7004 1160 0002 5646 4406

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:

Anna Jean Noah
3208 Douglas
Midland, Texas 79701

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7004 1160 0002 5646 4406

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Anna Jean Noah*

B. Received by (Printed Name) *ANNA JEAN NOAH*

C. Is delivery address different from item 1? ☐ Yes ☒ No

D. If YES, enter delivery address below: *USPS*

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

9522 9495 2000 0911 1002

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:

Article Number

PS Form 3811, February 2004

See Reverse for Instructions

Article Addressed to:

Article Number

PS Form 3811, February 2004

See Reverse for Instructions

Article Addressed to:

Article Number

PS Form 3811, February 2004

See Reverse for Instructions

Article Addressed to:

Article Number

PS Form 3811, February 2004

See Reverse for Instructions

Article Addressed to:

Article Number

PS Form 3811, February 2004

See Reverse for Instructions

Article Addressed to:

Article Number

PS Form 3811, February 2004

See Reverse for Instructions

Article Addressed to:

Article Number

PS Form 3811, February 2004

See Reverse for Instructions

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Article Number

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