

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF ARCH PETROLEUM INC.
AND WESTBROOK OIL CORPORATION FOR
APPROVAL OF TWO NON-STANDARD GAS
SPACING AND PRORATION UNITS IN THE
JALMAT GAS POOL, LEA COUNTY, NEW MEXICO.

Case No. 13274

AFFIDAVIT REGARDING NOTICE

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

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

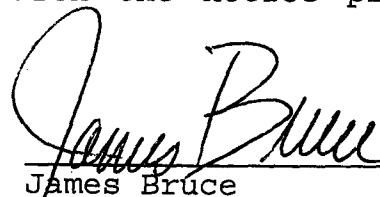
1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

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 4

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

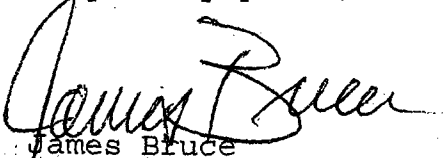
To: Offset operators or interest owners

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

BP America Production Company
P.O. Box 3092
Houston, Texas 77253

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

ChevronTexaco
15 Smith Road
Midland, TX 79705

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

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

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

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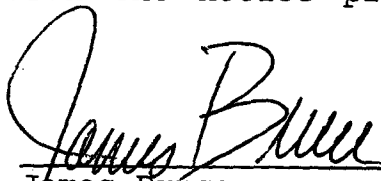
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James Bruce

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Notary Public

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OIL CONSERVATION DIVISION
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JAMES BRUCE
ATTORNEY AT LAW

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

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May 6, 2004

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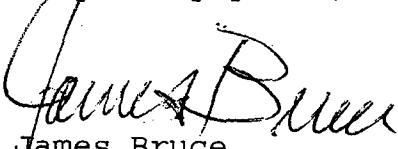
To: Offset operators or interest owners

Ladies and gentlemen:

Enclosed is a copy of an application for approval of a non-standard gas spacing unit, filed with the New Mexico Oil Conservation Division by Arch Petroleum Inc., regarding the NW¼ of Section 21, 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.

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Very truly yours,


James Bruce



OFFSET INTEREST OWNERS

BP America Production Company
P.O. Box 3092
Houston, Texas 77253

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

ChevronTexaco
15 Smith Road
Midland, TX 79705

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
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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
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P.O. Box 1358
Lindale, TX 75771

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2711 West Calle de Dali
Tucson, AZ 85745

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Houston, TX 77077

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2525 Stanmore Drive
Houston, TX 79019

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Breckenridge, TX 76424

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Hobbs, NM 88240

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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.
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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

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

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

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Restricted Delivery Fee (Endorsement Required)	
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ChevronTexaco
15 Smith Road
Midland, TX 79705
Street Apt No. or PO Box No.
City, State, ZIP+4

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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:

BP America Production Company
P.O. Box 3092
Houston, Texas 77253

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

A-R

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:

ChevronTexaco
15 Smith Road
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

Restricted Delivery? (Extra Fee)

Yes

No

Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

A-R

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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Service Type

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Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

Restricted Delivery? (Extra Fee)

Yes

No

Article Number (Copy from service label)

PS Form 3800, June 2002

Domestic Return Receipt

A-R

102595-00-M-0952

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

Sent To

BP America Production Company

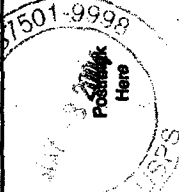
P.O. Box 3092

Houston, Texas 77253

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



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Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

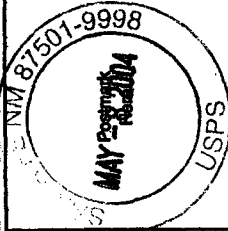
Total Postage & Fees \$

Sent To

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

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6633

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

SUE RAY

B. Date of Delivery

6/2/04

C. Signature

SUE RAY

Agent

Addresssee

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:

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

2. Article Number (Copy from service label)

7003 3110 0001 8379 2795

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Domestic Return Receipt

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Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

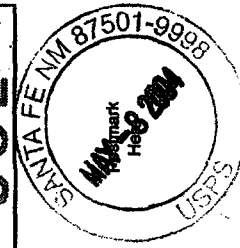
Total Postage & Fees \$

Sent To

Randy Lee Cone
P.O. Box 552
Jay, OK 74346
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



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Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

Fulfer Oil & Gas Company

P.O. Box 578

Jal, NM 88252

City, State, ZIP+4



PS Form 3800, June 2002 See Reverse for Instructions

2004 0750 0000 9048 6480

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

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

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- Print your name and address on the reverse so that we can return 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)

B. Date of Delivery

Rebamed 5-12-04

C. Signature

☐ Agent

☒ Addressee

D. Is delivery address different from item 1?

☒ Yes

☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ 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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Jessica Myers

B. Date of Delivery

5/11/04

C. Signature

Jessica Myers

D. Is delivery address different from item 1?

☒ Yes

☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ 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

Wynn-Crosby Energy, Inc.

Suite 200

5500 West Plano Parkway

Plano, TX 75093

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

2004 0750 0000 9048 6480

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OFFICIAL USE

1. Article Addressed to:

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

Sent To
 Cissy R. Travis, Trustee
 135 Coral Cay Drive
 Palm Beach Gardens, FL 33418
 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.
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1. Article Addressed to:

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

2. Article Number (Copy from service label)
 7004 0750 0000 9048 6596

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

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1. Article Addressed to:

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

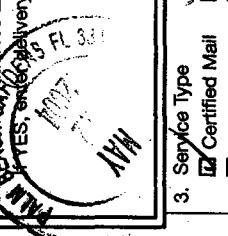
2. Article Number (Copy from service label)
 7004 0750 0000 9048 5803

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

4. Restricted Delivery? (Extra Fee)
☐ Yes

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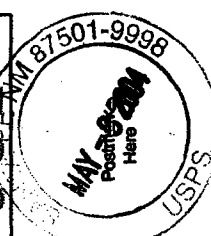
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Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

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

PS Form 3800, June 2002 See Reverse for Instructions



7004 0750 0000 9048 5803

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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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)

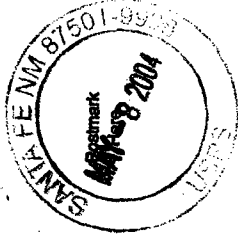
Total Postage & Fees \$

Sent To

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

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5810

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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5124

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

MAY 10 2004

C. Signature

X *A. Crash* ☐ Agent ☐ Addressee

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

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

7004 0750 0000 9048 5810

Domestic Return Receipt

102595-00-M-0952

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 ☐ 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 0750 0000 9048 5124

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM
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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

Charles T. Gallaher, II
No. 103
5080 Harmony Circle
Vero Beach, FL 32967
City, State, ZIP+4

See Reverse for Instructions

PS Form 3800, June 2002

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
Michael Gidwitz
Suite 1705
208 South LaSalle Street
Chicago, IL 60604
City, State, ZIP+4

See Reverse for Instructions



7004 0750 0000 9048 5049

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5049

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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5988

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

5-12-04

C. Signature

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 0750 0000 9048 5049

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
Beverly Felts
Suite 220
8620 North New Braunfels
San Antonio, TX 78217
City, State, ZIP+4



PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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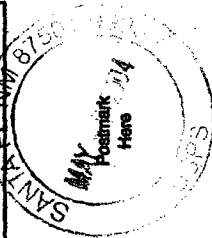
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

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

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5067

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X MAX R CHUDY

☒ Agent ☐ Addressee

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

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X Harry L. Jones

☒ Agent ☐ Addressee

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	\$

Sent To

Estate of Max R. Chudy, Sr.
 50 South Meadow Drive
 Orchard Park, NY 14127
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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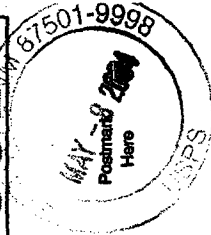
OFFICIAL USE

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

Sent To

Estate of Max R. Chudy, Sr.
 50 South Meadow Drive
 Orchard Park, NY 14127
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



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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

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

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:

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

COMPLETE THIS SECTION

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

C. Signature *Duke Jackson* Agent

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

7003 3110 0001 8379 2801

Domestic Return Receipt

PS Form 3811, July 1999

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:

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

2. Article Number (Copy from service label)

7003 3110 0001 8379 2726

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

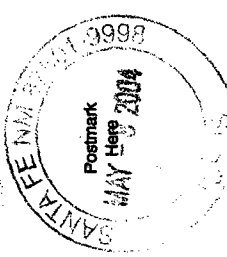
Total Postage & Fees \$

Sent To

Evans Oil & Gas, L.L.C.
3513 East Old Shakopee Road
Bloomington, MN 55425
City, State, ZIP+4

See Reverse for Instructions

PS Form 3800, June 2002

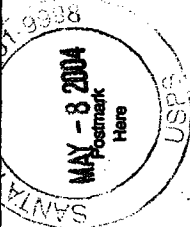


U.S. Postal ServiceTM
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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$



Sent To
 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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5940

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

Mortex Corporation
 Suite 3100
 1415 Louisiana
 Houston, TX 77002

2. Article Number (Copy from service label)

7004 0750 0000 9048 5773

PS Form 3811, July 1999

Domestic Return Receipt

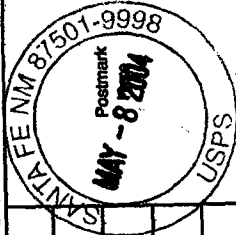
102595-00-M-0952

U.S. Postal ServiceTM
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OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Total Postage & Fees \$



Sent To
 Mortex Corporation
 Suite 3100
 1415 Louisiana
 Houston, TX 77002
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM 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: Patricia Galt Stevens
 Street Apt No.: 501 Grandview Place
 or PO Box No. San Antonio, TX 78209
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7595 8706 0000 0520 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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6558

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:

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
 C. Signature X *Patricia Galt Stevens* Agent
 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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5841

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature X *Patricia Galt Stevens* Agent
 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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6558

Domestic Return Receipt

A

102595-00-M-0952

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

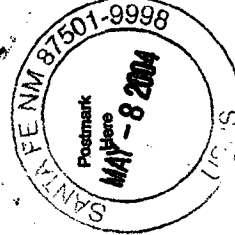
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

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

PS Form 3800, June 2002 See Reverse for Instructions



5559 8706 0000 0520 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
Street Apt No. or PO Box No. Kirby Minerals
P.O. Box 268947
City, State, ZIP+4 Oklahoma City, OK 73125

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 0520 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mike Martz

C. Signature x Mike Martz

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

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

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

2. Article Number (Copy from service label) 7004 0750 0000 9048 5117

PS Form 3811, July 1999 Domestic Return Receipt

A-2 102595-00-M-0152

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

2. Article Number (Copy from service label) 7004 0750 0000 9048 5971

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

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

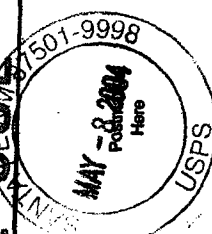
OFFICIAL USE

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. MAPOO-NET
P.O. Box 268946
City, State, ZIP+4 Oklahoma City, OK 73126

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 0520 9048 5117

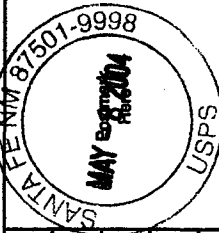


U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

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

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

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 (Copy from service label)

7004 0750 0000 9048 6565

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:

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

2. Article Number (Copy from service label)

7003 3110 0001 8379 2665

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly)
- B. Date of Delivery
- C. Signature
- D. Agent
- E. Address
- F. Restricted Delivery? (Extra Fee)
- G. Yes
- H. No

1. Article Addressed to:

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

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 (Copy from service label)

7004 0750 0000 9048 6565

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly)
- B. Date of Delivery
- C. Signature
- D. Agent
- E. Address
- F. Restricted Delivery? (Extra Fee)
- G. Yes
- H. No

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

7003 3110 0001 8379 2665

Domestic Return Receipt

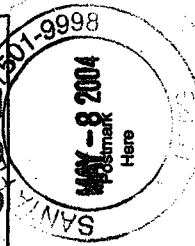
102595-00-M-0952

U.S. Postal ServiceTM
CERTIFIED MAILTM 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

Stroube Energy Corporation
No. 123, LB 249
17194 Preston Road
Dallas, TX 75248
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM 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

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

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

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

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7004 0750 0000 9048 5155

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:

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

2. Article Number (Copy from service label)

7003 3110 0001 8379 2719

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal ServiceTM

CERTIFIED MAILTM 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 \$

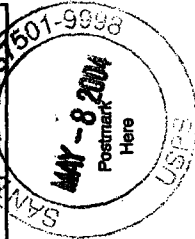
Sent To

Mary Jon Bryan
P.O. Box 1358
Lindale, TX 75771
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

7003 3110 0001 8379 2719



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

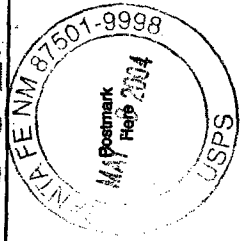
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Sheridan Family Trust
2711 West Calle de Ball
Tucson, AZ 85745
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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
	5-10-04
C. Signature	Agent ☒ Addressee ☐
X <i>Sheridan Family Trust</i>	
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

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

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:

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	Agent ☐ Addressee ☐
X <i>R. Green</i>	
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

2. Article Number (Copy from service label) 7003 3110 0001 8379 2757

PS Form 3811, July 1999 Domestic Return Receipt

102595-00-M-0952

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

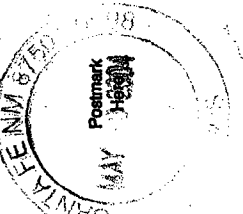
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
Blackstone Minerals Company, LP
P.O. Box 201709
Houston, TX 77216
City, State, Zip+4

PS Form 3800, June 2002 See Reverse for Instructions



U.S. Postal ServiceTM
CERTIFIED MAILTM 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

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

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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5094

PS Form 3811, July 1999

Domestic Return Receipt

PS Form 3800, June 2002

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6534

PS Form 3811, July 1999

Domestic Return Receipt

PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Name) MAWEN Y. JUDIA Date of Delivery 7/24/04
- C. Signature GEE ☒ Agent ☐ Addressee
- D. Is delivery different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: ☐ No

3. Service Type

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

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

U.S. Postal ServiceTM
CERTIFIED MAILTM 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

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

See Reverse for Instructions

PS Form 3800, June 2002

U.S. Postal ServiceTM
CERTIFIED MAILTM 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
Avalanche Royalty Partners LLC
Street, Apt. 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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5797

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature: *[Signature]* 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

2625 8406 0000 0520 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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
ROBERT F. BAKER 5-10-04
C. Signature: *[Signature]* 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 0750 0000 9048 5834

Domestic Return Receipt

102595-00-M-0952

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

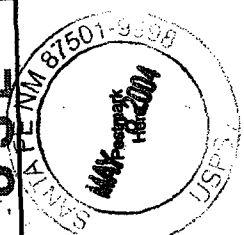
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

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

PS Form 3800, June 2002 See Reverse for Instructions



U.S. Postal ServiceTM
CERTIFIED MAILTM 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
Frank Seeton
Street, Apt. 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:

Frank Seeton
1815 Union Drive
Lakewood, CO 80215

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Barbara G. Seeton B. Date of Delivery 5/10/04
C. Signature [Signature] ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

2. Article Number (Copy from service label) 7004 0750 0000 9048 6619

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Craddock B. Date of Delivery 5-10-04
C. Signature [Signature] ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPTTM
(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
Chasco, Ltd.
Street, Apt. No., 670 Dona Ana Road S.W.
Deming, NM 88030
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM

CERTIFIED MAILTM 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

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



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

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. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Addressee

☐ Agent

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Copy from service label) 7003 3110 0001 8379 2740

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:

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Addressee

☐ Agent

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Return Receipt for Merchandise

☐ 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

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

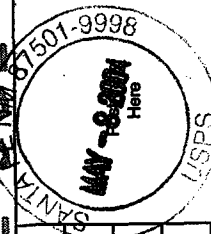
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To

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

City, State, ZIP+4

See Reverse for Instructions

PS Form 3800, June 2002

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

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

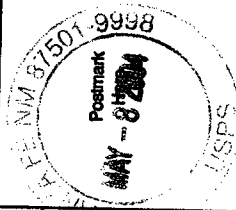
OFFICIAL USE

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

Sent To
 Leila McConnell Gadbois
 2525 Stannmore Drive
 Houston, TX 79019
 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:

Leila McConnell Gadbois
 2525 Stannmore Drive
 Houston, TX 79019

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 (Copy from service label)

7003 3110 0001 8379 2825

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:

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

2. Article Number (Copy from service label)

7003 3110 0001 8379 2672

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

5-14-04

C. Signature

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

5-13-04

C. Signature

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

2. Article Number (Copy from service label)

7003 3110 0001 8379 2825

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

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

OFFICIAL USE

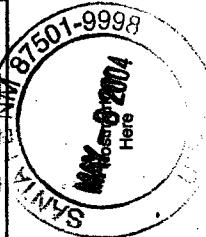
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

BNW Resources, L.L.C.
 P.O. Box 180573
 Dallas, TX 75218
 City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions



U.S. Postal ServiceTM
CERTIFIED MAILTM 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.
City, State, ZIP+4

Roy G. Barton, Jr., Trustee
1919 North Turner Street
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

2. Article Number (Copy from service label) **7004 0750 0000 9048 5018**

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **Brenda Stewart** ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7004 0750 0000 9048 5018

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:

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

2. Article Number (Copy from service label) **7004 0750 0000 9048 6541**

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

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **Ross Travis** ☒ Agent ☐ Addressee

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

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

7004 0750 0000 9048 6541

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM 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.
City, State, ZIP+4

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

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM 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)

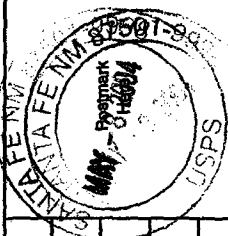
Total Postage & Fees \$

Sent To

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

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

2. Article Number (Copy from service label)

7003 3110 0001 6379 2832

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

If YES, enter delivery address below:

1. Article Addressed to:

2. Article Number (Copy from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

5. Return Receipt Fee (Endorsement Required)

6. Restricted Delivery Fee (Endorsement Required)

7. Total Postage & Fees

8. Sent To

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

10. City, State, ZIP+4

11. June D. Speight

12. P.O. Drawer 1687

13. Lovington, NM 88260

14. PS Form 3800, June 2002

15. See Reverse for Instructions

Signature

5-13-04

K. Shapiro

Agent

Addressed

Yes

No

Express Mail

Registered

Insured Mail

C.O.D.

Return Receipt for Merchandise

Yes

No

Extra Fee

Yes

No

Yes

No

Yes

No

Yes

No

7004 0750 0000 9048 5858

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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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

June D. Speight

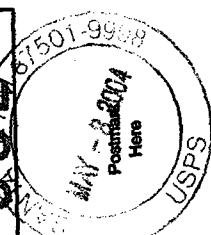
P.O. Drawer 1687

Lovington, NM 88260

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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5858

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

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

If YES, enter delivery address below:

1. Article Addressed to:

2. Article Number (Copy from service label)

3. Service Type

4. Restricted Delivery? (Extra Fee)

5. Return Receipt Fee (Endorsement Required)

6. Restricted Delivery Fee (Endorsement Required)

7. Total Postage & Fees

8. Sent To

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

10. City, State, ZIP+4

11. June D. Speight

12. P.O. Drawer 1687

13. Lovington, NM 88260

14. PS Form 3800, June 2002

15. See Reverse for Instructions

Certified Mail

Registered

Insured Mail

C.O.D.

Return Receipt for Merchandise

Yes

No

Extra Fee

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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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
 William Walton Saunders
 c/o Roma Oil & Gas Inc.
 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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5865

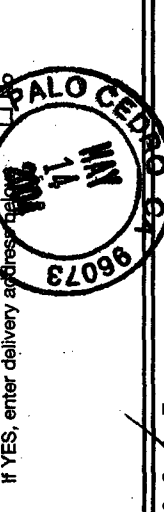
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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



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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 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:

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

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 (Copy from service label)

7004 0750 0000 9048 5919

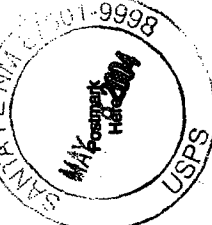
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) **DEWEY FELT** B. Date of Delivery **5/11/04**
- C. Signature *[Signature]* ☐ Agent ☐ Addressee
- 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 \$	

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OFFICIAL USE

7004 0750 0000 9048 5919

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

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

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6404

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Bennett Watts B. Date of Delivery 5-10-04
 C. Signature F. Bennett Watts ☒ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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

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

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 ServiceTM
CERTIFIED MAILTM RECEIPT¹
(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	\$

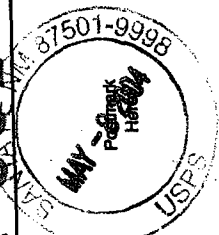
Sent To
 Cathie Cone McCown
 Cathie Cone McCown, Trustee
 P.O. Box 507
 Dripping Springs, TX 78620
Street Apt No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cathie Cone McCown B. Date of Delivery 5/10/04
 C. Signature Cathie Cone McCown ☒ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

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



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

OFFICIAL USE

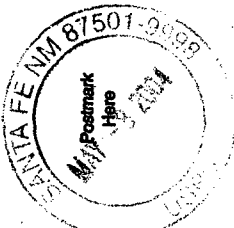
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Sent To

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

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

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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5827

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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5131

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

LIZ VALL

B. Date of Delivery

May 11 2004

C. Signature

Liz Vall

☐ Agent

☐ Addressee

☐ Yes

☐ No

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

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

☐ No

U.S. Postal ServiceTM
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OFFICIAL USE

Postage \$

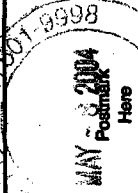
Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

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



Sent To

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

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

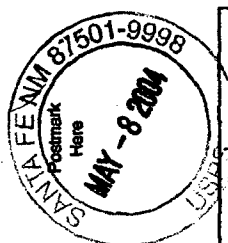
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Sent To
 Gleason Oil Company
 Suite 1404
 20 East 5th Street
 Tulsa, OK 74103
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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6602

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Susan Cook B. Date of Delivery 5/11/04
 C. Signature Susan Cook ☐ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☒ Yes ☐ No
 If YES, enter delivery address below:

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

MAY 11 2004

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5889

PS Form 3811, July 1999

Domestic Return Receipt

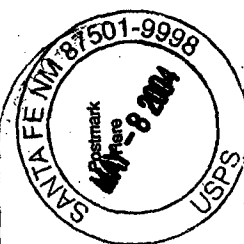
102595-00-M-0952

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OFFICIAL USE

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



Sent To

Ingrid Powell
 P.O. Box 416
 Los Altos, CA 94022
City, State, ZIP+4

2. Article Number (Copy from service label)

7004 0750 0000 9048 6602

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

See Reverse for Instructions

U.S. Postal ServiceTM
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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

Street Apt. No. or PO Box No. Betty Kyte Dreessen Irrevocable Trust
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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5896

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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 ☐ 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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5780

PS Form 3811, July 1999

Domestic Return Receipt

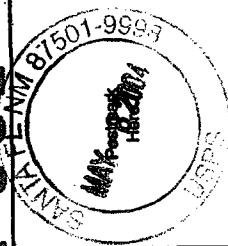
102595-00-M-0952

U.S. Postal ServiceTM
CERTIFIED MAILTM 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. JV Royalty Group
City, State, ZIP+4 P.O. Box 2035
Roswell, NM 88202

PS Form 3800, June 2002

See Reverse for Instructions

U.S. Postal ServiceTM
CERTIFIED MAILTM 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

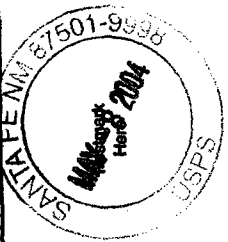
Miles Boldrick
P.O. Box 10668
Midland, TX 79702

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:

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136
Attention: Mario R. Moreno, Jr.

2. Article Number (Copy from service label)

7004 0750 0000 9048 6503

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

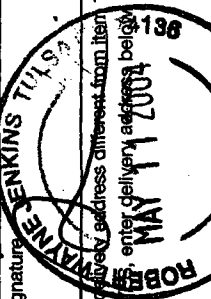
COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **Sharon Adams** ☐ Agent ☐ Addressee

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

If YES, enter delivery address below



3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5957

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature **Loore McMillon** ☐ Agent ☒ Addressee

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

If YES, enter delivery address below:

7004 0750 0000 9048 6503

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 ServiceTM
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OFFICIAL USE

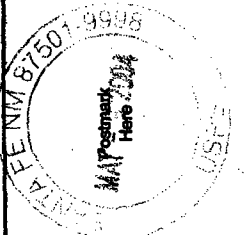
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To

Apache Corporation
Two Warren Place
Suite 1500
6120 South Yale
Tulsa, OK 74136
Attention: Mario R. Moreno, Jr.

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

City, State, ZIP+4



PS Form 3800, June 2002

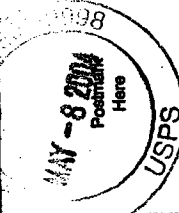
See Reverse for Instructions

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OFFICIAL USE

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



Sent To
 Mario Operating Co., Inc.
 P.O. Box 729
 Tulsa, OK 74101
 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:

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5056

PS Form 3811, July 1999

Domestic Return Receipt

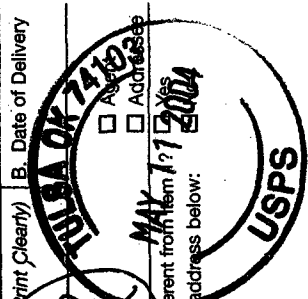
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature [Signature] 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:

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) B. Date of Delivery

C. Signature [Signature] 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 0750 0000 9048 6510

Domestic Return Receipt

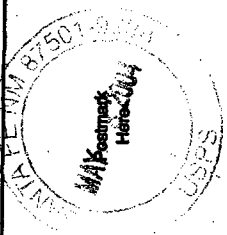
102595-00-M-0952

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OFFICIAL USE

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



Sent To

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

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
Normarth Corporation
52 Salem Ridge Drive
Huntington, NY 11743
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:

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

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

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

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:

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

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

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

U.S. Postal ServiceTM
CERTIFIED MAILTM 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

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

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0000 9048 5063

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Buck Switzer MAY 11 2000
C. Signature
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 0750 0000 9048 5063

Domestic Return Receipt A.V. 102595-00-M-0952

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

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

9299 8406 0000 0520 7004

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 5995

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

D. Is delivery address different from item 1? ☒ Agent ☐ Addressee

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

9299 8406 0000 0520 7004

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

2. Article Number (Copy from service label)

7004 0750 0000 9048 6626

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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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 Long Trusts
P.O. Box 3096
Kilgore, TX 75663
City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

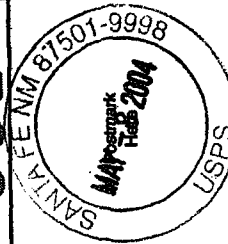
D. Is delivery address different from item 1? ☐ Agent ☐ Addressee

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

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

 Street Apt No.;
 or PO Box No.

 City, State, ZIP+4

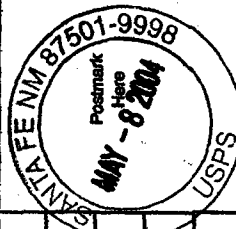
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OFFICIAL USE

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



Sent To

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

 Street Apt No.;
 or PO Box No.

 City, State, ZIP+4

PS Form 3800, June 2002
 See Reverse for Instructions

2004 0750 0000 9048 5933

2004 0750 0000 9048 5902