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

APPLICATION OF XTO ENERGY INC. FOR APPROVAL OF SURFACE COMMINGLING, SAN JUAN COUNTY, NEW MEXICO. **Case No. 13,545**

AFFIDAVIT OF NOTICE

BEFORE EXAMINER
OIL CONSERVATION DIVISION
EXHIBIT NO. 2
CASE NO.

COUNTY OF TARRANT)
) ss.
STATE OF TEXAS)

Christopher Spencer, being duly sworn upon his oath, deposes and states:

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

2. I am a landman for XTO Energy Inc.

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 locatable 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.

Christopher Spencer

SUBSCRIBED AND SWORN TO before me this 24 day of August, 2005 by Christopher Spencer.

Trina Allyne Wilson
Notary Public

My Commission Expires:
9-4-05

BEFORE EXAMINER
OIL CONSERVATION DIVISION
EXHIBIT NO.

TRINA ALLYNE WILSON
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 09-04-2005

2700 Farmington Ave, K-1 Farmington, NM 87401
Phone: (505) 324-1090 FAX: (505) 564-6700

May 13, 2005

Mr. William Jones
New Mexico Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, NM 87505

Mr. Jim Lovato
Bureau of Land Management
1235 LaPlata Hwy
Farmington, NM 87401

Subject: Proposed Surface Commingle
Hare Gas Com D #1, D #1E and J #1
Agreement SW275; fee leases

Dear Mr. Jones & Mr. Lovato:

XTO Energy Inc. requests administrative approval for surface commingling natural gas produced from the wells operated in the Hare Gas Com D #1, Hare Gas Com D #1E and Hare Gas Com J #1. These wells are all located in Sec 14, T29N-R11W, San Juan County, New Mexico.

XTO plans to produce the commingled gas through a central compressor, thus lowering operating expenses and extending the economic life of the wells and increasing their ultimate recoveries on all Indians and non-Indian leases. The anticipated fuel requirements for each well is also presented. and currently we anticipate the only fuel requirements to be for pumping unit engines, separators and for the compressor engine. There are no bypass gas lines for this system.

Each well will be equipped with allocation meters, which will be maintained by XTO Energy in accordance with State and Federal Regulations (Onshore Order No. 5). To ensure the initial system integrity, all flow lines will be pressure tested appropriately. Produced liquids will not be surface commingled. All interest owners have been notified via certified mail, return receipt, on May 13, 2005.

The following attachments are included with this application:

Form C107B (application for surface commingle; diverse ownership)
Map of all wells and their associated leases
Form C-102 for each well (plats)
Table of well & lease information, spacing, permits, lease numbers, gravities/BTU, MCF
Schematic diagram showing all flowlines, compressors & equipment
Details of allocation formula, including line purging and venting
Letter to WI, NRI & ORRI owners & list of owners
Administrative Application Checklist

Sincerely,

Holly C. Perkins

Holly C. Perkins
Regulatory Compliance Tech

xc: OCD, Aztec Office

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Form C-107-B
Revised June 10, 2003

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: XTO ENERGY INC.
OPERATOR ADDRESS: 2700 FARMINGTON AVE. SUITE K-1
APPLICATION TYPE:

[X] Pool Commingling [ ] Lease Commingling [ ] Pool and Lease Commingling [ ] Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: [ ] Fee [ ] State [X] Federal

Is this an Amendment to existing Order? [ ] Yes [X] No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
[X] Yes [ ] No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes		Gravities / BTU of Non-Commingled Production		Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
BASIN DAKOTA	71599	0.740	64.996				
BASIN DAKOTA	71599	0.7020	32.050				
OTERO CHACRA	82329	0.6590	8.197				

(2) Are any wells producing at top allowables? [ ] Yes [X] No
(3) Has all interest owners been notified by certified mail of the proposed commingling? [X] Yes [ ] No.
(4) Measurement type: [X] Metering [ ] Other (Specify)
(5) Will commingling decrease the value of production? [ ] Yes [X] No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code.
(2) Is all production from same source of supply? [ ] Yes [ ] No
(3) Has all interest owners been notified by certified mail of the proposed commingling? [X] Yes [ ] No
(4) Measurement type: [X] Metering [ ] Other (Specify)

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? [ ] Yes [ ] No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

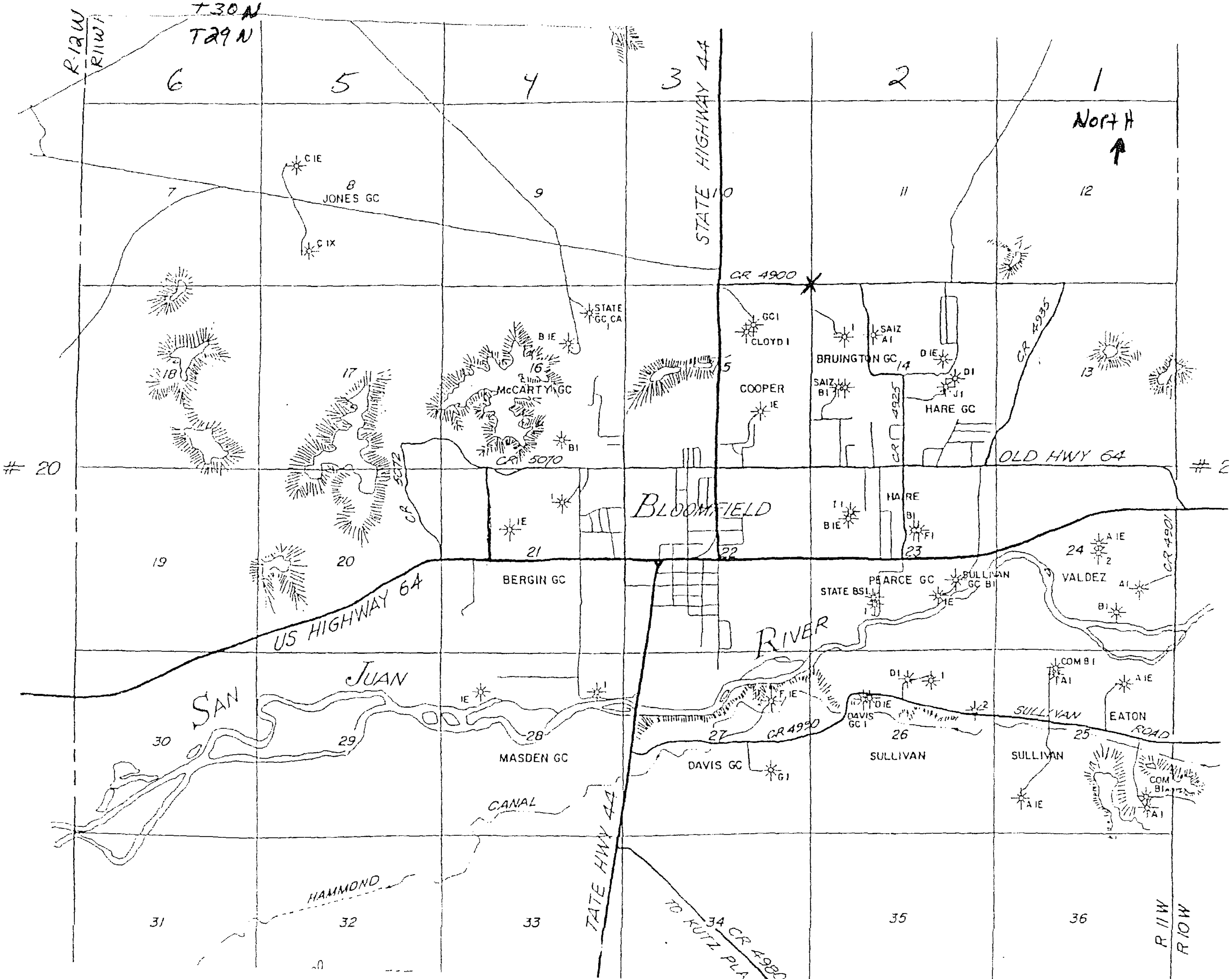
(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: _____ TITLE: REGULATORY COMPLIANCE TECH DATE: 3/2/2005

TYPE OR PRINT NAME HOLLY C. PERKINS TELEPHONE NO.: (505) 564-6720

E-MAIL ADDRESS: Regulatory@xtoenergy.com



R 12W
R 11W
T30N
T29N
North
6
5
4
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2
1
7
8
JONES GC
C IE
C IX
9
STATE GC CA
STATE HIGHWAY 44
10
11
12
CR 4900
GC I
CLOYD I
SAIZ A1
BRUINGTON GC
14
D IE
D I
J1
HARE GC
CR 4935
13
18
17
16
McCARTY GC
B IE
B I
15
COOPER
IE
SAIZ B1
CR 4925
CR 5070
CR 5072
OLD HWY 64
20
BLOOMFIELD
HARE
B I E
B I
F I
24
A IE
VALDEZ
CR 4901
A I
B I
19
20
21
22
23
BERGIN GC
PEARCE GC
SULLIVAN GC B1
STATE BS1
US HIGHWAY 64
RIVER
SAN
JUAN
COM B I
T A I
D I
D IE
DAVIS GC 1
SULLIVAN ROAD
EATON
30
29
28
27
CR 4950
26
25
MASDEN GC
DAVIS GC
G I
SULLIVAN
COM BI
CANAL
TATE HWY 44
HAMMOND
31
32
33
34
CR 4980
TO KUTZ PLA
35
36
R 11W
R 10W

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised August 15, 2000

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

[1] API Number	[2] Pool Code	[3] Pool Name
30-045-08303	71599	BASIN DAKOTA

[4] Property Code	[5] Property Name	[6] Well Number
	HARE GAS COM D	1

[7] OGRID No.	[8] Operator Name	[9] Elevation
167067	XTO Energy, Inc.	5582'

[10] Surface Location

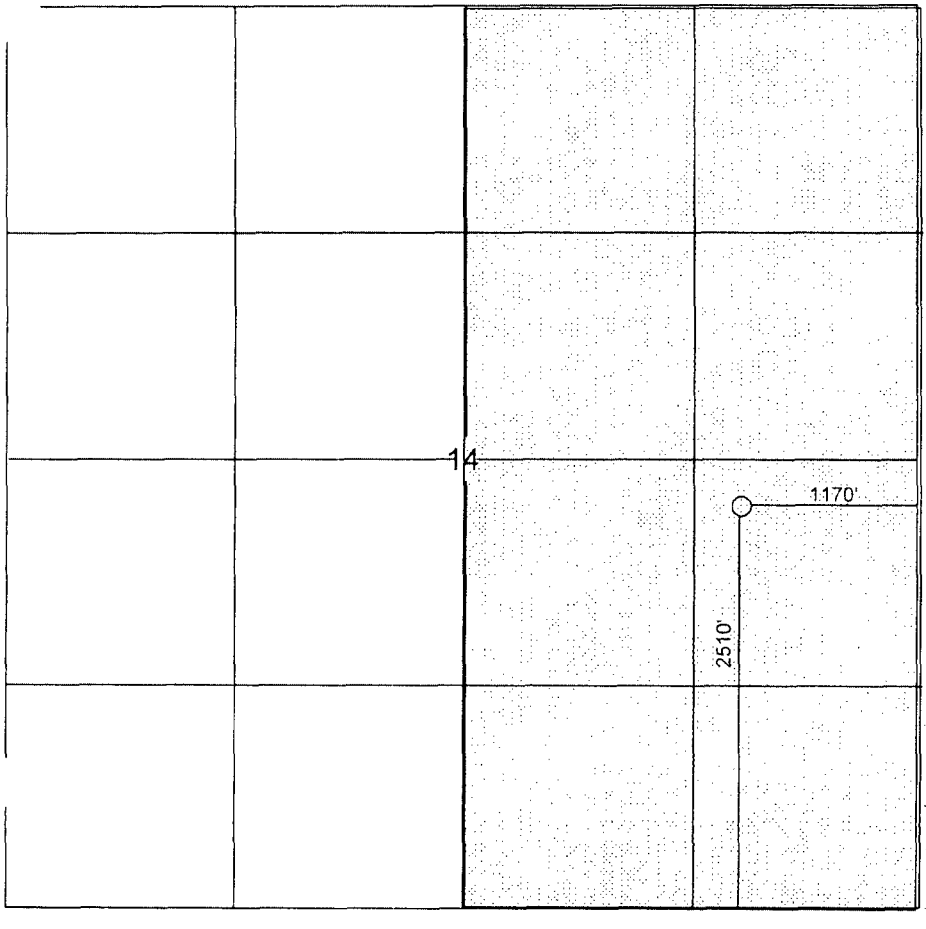
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	14	29N	11W		2510	SOUTH	1170	EAST	SAN JUAN

[11] Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

[12] Dedicated Acres	[13] Joint or Infill	[14] Consolidation Code	[15] Order No.
320 E/2			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Holly C. Perkins
Signature

HOLLY C. PERKINS
Printed Name

REGULATORY COMPLIANCE TECH
Title

MARCH 2, 2005
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

JULY 5, 1965
Date of Survey

Signature and Seal of Professional Surveyor:
Original signed by James P. Leese

1463
Certificate Number

District I
625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 15, 2000

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

[1] API Number	[2] Pool Code	[3] Pool Name
30-045-23859	71599	BASIN DAKOTA

[4] Property Code	[5] Property Name	[6] Well Number
	HARE GAS COM D	1E

[7] OGRID No.	[8] Operator Name	[9] Elevation
167067	XTO Energy, Inc.	5574'

[10] Surface Location

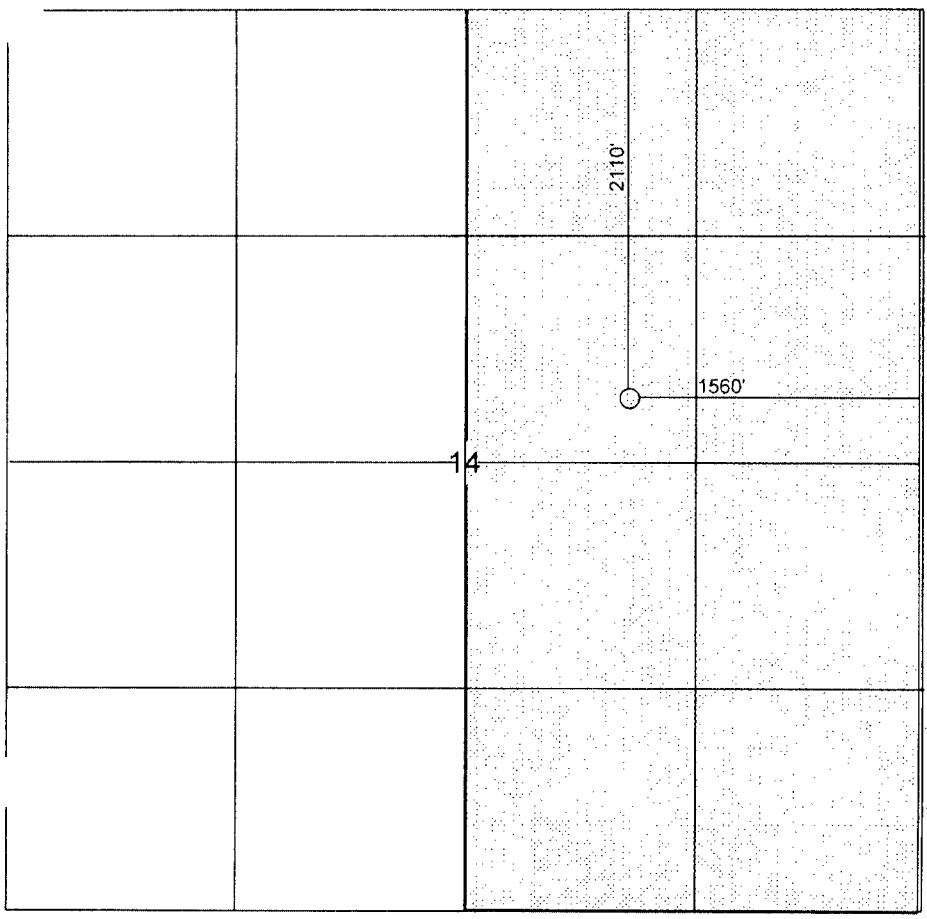
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	14	29N	11W		2110	NORTH	1560	EAST	SAN JUAN

[11] Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

[12] Dedicated Acres	[13] Joint or Infill	[14] Consolidation Code	[15] Order No.
320 ac E/2			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

HOLLY C. PERKINS
Printed Name

REGULATORY COMPLIANCE TECH
Title

MARCH 2, 2005
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

SEPTEMBER 28, 1979
Date of Survey

Signature and Seal of Professional Surveyor:
Original signed by Fred B Kerr

3950
Certificate Number

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised August 15, 2000

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

[1] API Number	[2] Pool Code	[3] Pool Name
30-045-26056	82329	OTERO CHACRA

[4] Property Code	[5] Property Name	[6] Well Number
	HARE GAS COM J	1

[7] OGRID No.	[8] Operator Name	[9] Elevation
167067	XTO Energy, Inc.	5581'

[10] Surface Location

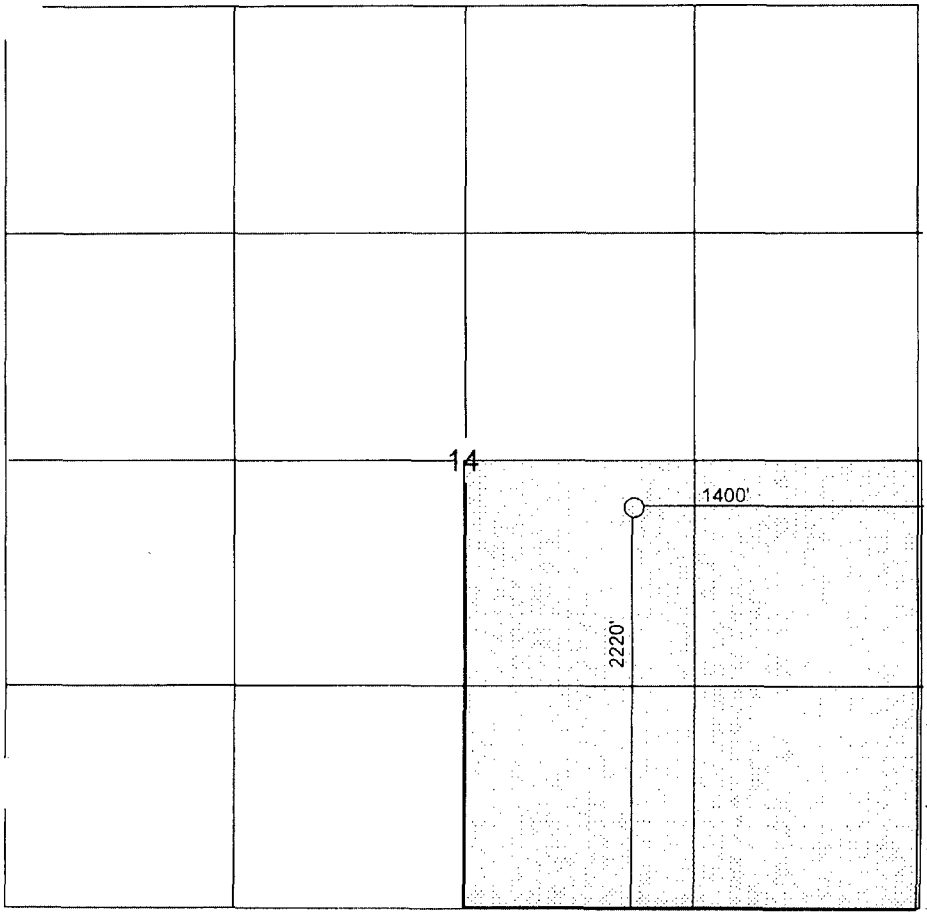
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	14	29N	11W		2220	SOUTH	1400	EAST	SAN JUAN

[11] Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

[12] Dedicated Acres	[13] Joint or Infill	[14] Consolidation Code	[15] Order No.
160 acre SE/4			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Holly C. Perkins
Signature

HOLLY C. PERKINS
Printed Name

REGULATORY COMPLIANCE TECH
Title

MARCH 2, 2005
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

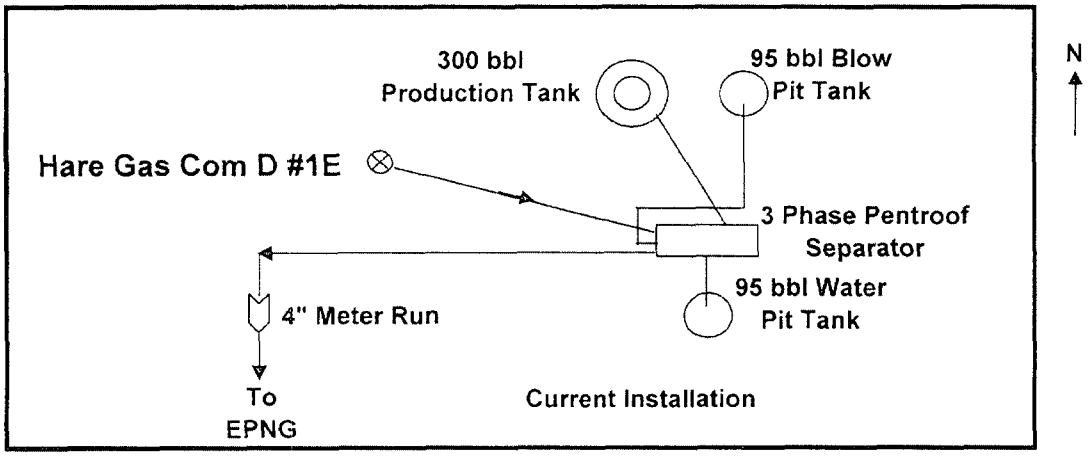
JULY 23, 1984
Date of Survey

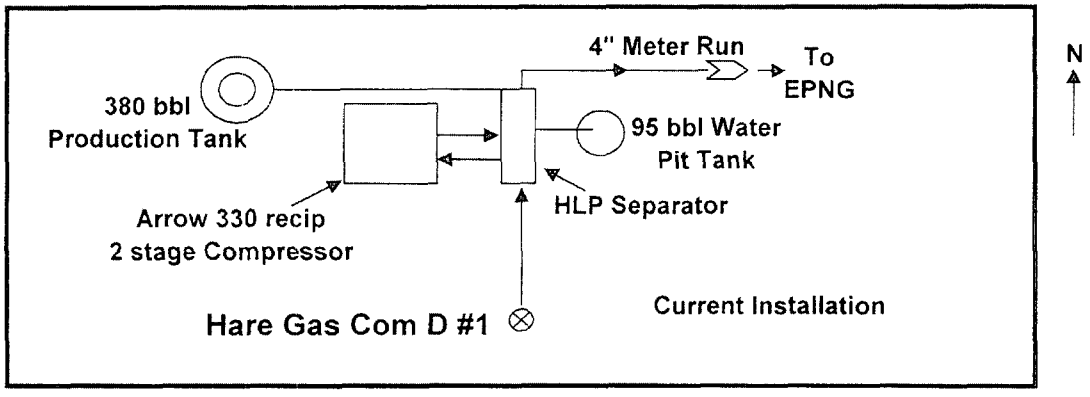
Signature and Seal of Professional Surveyor:
Original signed by Fred B Kerr

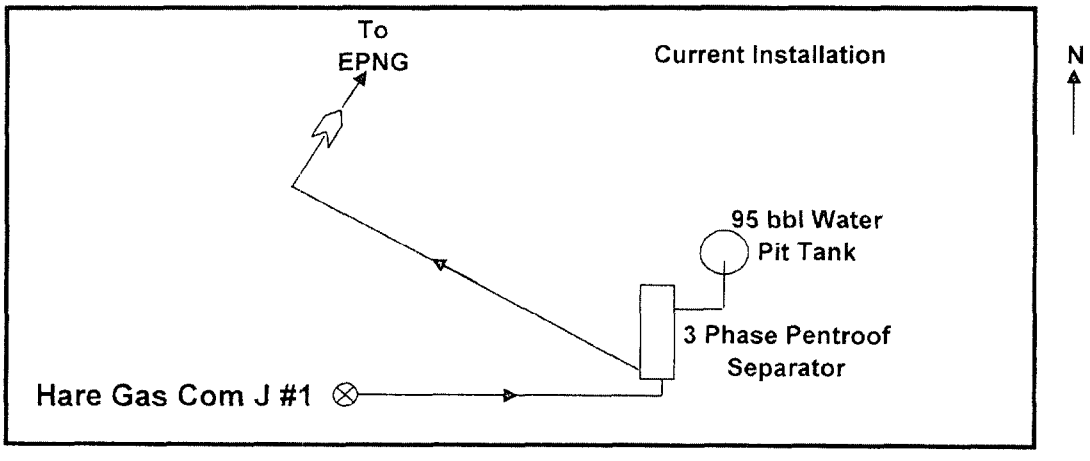
3950
Certificate Number

HARE GAS COM D #1, D #1E & J #1			
Surface Commingle			
Well Name	Hare Gas Com D #1	Hare Gas Com D #1E	Hare Gas Com J #1
API#	30-045-08303	30-045-23859	30-045-26056
Sec-T-R	Sec.142, T29N, R11W	Sec.142, T29N, R11W	Sec.142, T29N, R11W
FNL/FSL	2510' FSL	2110' FNL	2220' FSL
FEL/FWL	1170' FEL	1560' FEL	1400' FEL
Agreement #	SW275	SW275	SW275
Pool	Basin Dakota	Basin Dakota	Otero Chacra
Permits	N/A	N/A	N/A
Spacing	320 E/2	320 E/2	160 SE/4
Gravity	0.74	0.702	0.629
BTU	64.996	32.05	8.197
Est Daily Gas Rate	41.43	26.12	6.2
WI	0.6820849	0.6820849	0.75
NRI	0.5907754	0.5907754	0.65625
Compressor and other equipment fuel usage will be determined based on manufacturer's specifications			
Pumping unit & separator fuel will be allocated to well if equipment exists			

Hare Gas Com D #1, Hare Gas Com D #1E Hare Gas Com J #1
Surface Commingle Proposal/Location Layout

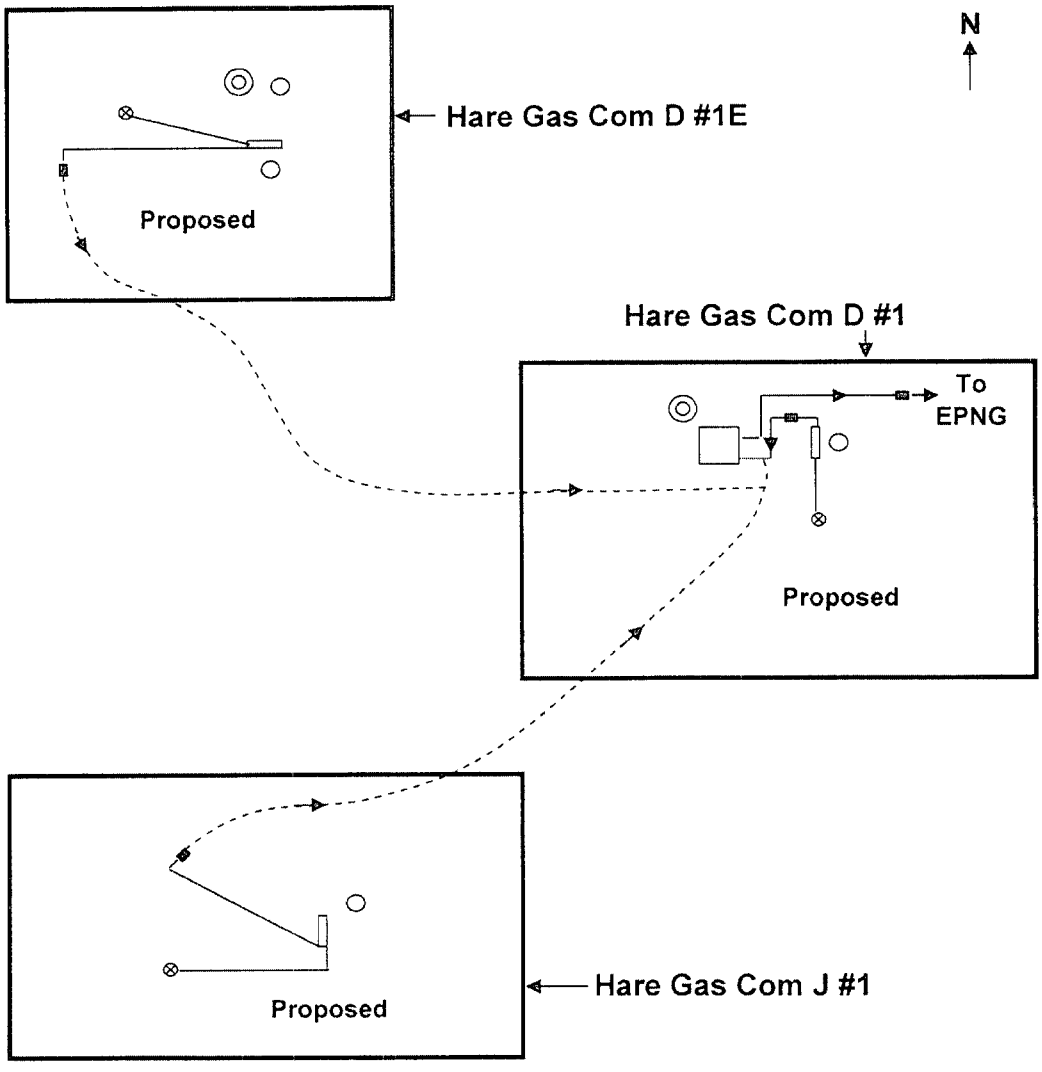






Hare Gas Com D #1, Hare Gas Com D #1E Hare Gas Com J #1
Surface Commingle Proposal/Location Layout

Overhead View



Well ⊗
Separator ▭
Production Tank ◎
Pit Tank ○

Allocation Meter ▪
CDP ▪
Compressor □

Notes:
The Hare Gas Com D #1E is approximately 450' to the Hare Gas Com D #1 compressor.
The Hare Gas Com J #1 is approximately 340" to the Hare Gas Com D #1 compressor.

HARE GAS COM D #1, D #1E, J #1

PROPOSED ALLOCATION PROCEDURES

Base Data:

W = Gas Volume (MCF) from allocation meters at individual wells during allocation period
X = Gas Volume (MCF) from CDP sales meter during allocation period
Y = BTU's from CDP sales meter during allocation period

Allocation period is typically a calendar month & will be the same for all wells

Individual Well Gas Production = A + B + C +D+E

A = Allocated Sales Volume, MCF (W/SUM W) x X

B = On lease fuel usage, MCF. Determined fr/equipment specification & operating conditions

C = Purged and/or vented gas fr/well and/or lease equipment, MCF. Calculated using equipment specifications & pressures.

D = Allocated fuel fr/gathering system equipment, MCF> The total fuel required to operate gathering system equipment will be allocated to the individual wells benefiting fr/the equipment using allocation factors determined by W/SUM W for the wells involved.

E = Allocated volume of gas lost and/or vented fr/the gathering system and/or gathering system equipment, MCF. The total volume will be determined using industry accepted procedures for the conditions existing at the time of the loss. All volumes corresponding to liquid condensation within the gathering system will also be determined. The total volume lost and/or vented will be allocated to the individual wells affected using factors determined by W/SUM W.

Allocated individual Well BTU's = (W x Individual well BTU) /SUM) (W x individual well BTU)) x Y. Individual well gas heating values to be determined in accordance w/BLM regulations (Onshore Order No. 5)

2700 Farmington Ave, K-1 Farmington, NM 87401
Phone: (505) 324-1090 FAX: (505) 564-6700

May 13, 2005

RE: Notice to Working and Royalty Interest Owners
Application to Surface Commingle Gas Production
San Juan County, NM

XTO Energy Inc. is applying to the New Mexico Oil Conservation Division (NMOCD) and Bureau of Land Management (BLM) for approval to surface commingle gas production from the wells listed on the attached sheets. The NMOCD requires all interest owners be notified of plans to surface commingle when ownership is different between wells.

Produced gas from each well will be measured separately prior to being commingled. We plan to produce the commingled gas through a shared compressor. Produced liquids will not be surface commingled. A copy of our application to surface commingle is attached for your reference. If you need additional information or have any questions, I may be contacted at (505) 324-1090.

If you have an objection to our application you must file a protest in writing to the NMOCD Santa Fe office at 1220 So. St. Francis Drive, Santa Fe, NM 87505 within 20 days from the date the NMOCD received the application. The application was mailed to the NMOCD on the date of this letter.

Sincerely,

Holly C. Perkins
Regulatory Compliance Tech

xc: Well Files w/attachment
FW Land Dept. w/attachment

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505

ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☒ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or ☐ Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☐ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

HOLLY C. PERKINS	Holly C. Perkins	REGULATORY COMPLIANCE TECH	3/2/05
Print or Type Name	Signature	Title	Date

Holly_perkins@xtoenergy.com
e-mail Address

2700 Farmington Ave, K-1 Farmington, NM 87401
Phone: (505) 324-1090 FAX: (505) 564-6700

May 13, 2005

Ms. Connie Pruitt
Farmington Daily Times
P.O. Box 450,
Farmington, NM 87499

Subject: Affidavit of Publication
Hare Gas Com D #1 Surface Commingle

Dear Ms. Pruitt:

Please publish the following legal notice for us pertaining to surface commingle of wells in San Juan County. After publication please send a notarized Affidavit of Publication to our company at the above address. Should any further information be necessary, please do not hesitate to call me at (505) 564-6720.

Public Notice

XTO Energy Inc. is applying to the New Mexico Oil Conservation Division (NMOCD) to surface commingle gas from three wells: the Hare Gas Com D #1, Hare Gas Com D #1E and the Hare Gas Com J #1. There will not be any commingling of oil, condensate or water. The wells and the commingling facility are located in Section 14 Township 29N, Range 11W, San Juan County, New Mexico. The producing pools are the Basin Dakota and the Otero Chacra. Any questions should be directed to Holly C. Perkins, 505-324-1090, or by mail to 2700 Farmington Avenue, Suite K-1, Farmington, NM 87401. Any objection or request for a formal hearing should be filed in writing with the NMOCD's Santa Fe office within 20 days from date of this publication. In the absence of any objection, XTO has requested that the NMOCD approve its application administratively. The NMOCD's address is 1220 South St. Francis Drive, Santa Fe, NM 87505.

Sincerely,

Holly C. Perkins

Holly C. Perkins
Regulatory Compliance Tech

xc: Well Files
Ft. Worth Land Dept

Hare Gas Com D #1, #1E, J #1 DHC Owners

DARREL B. JOHNSON
MESA, AZ 85201

DELL D. JOHNSON
DELTA, CO 81416

KATHRYN E. UMBARGER
5444 ROYAL VISTA LN
LAS VEGAS, NV 89149-6614

ARLEE MCLEOD
P.O. BOX 958
LA LUZ, NM 88337

ROBERT H. CHURCHILL
4064 HIDDEN VIEW CIR
FORT WORTH, TX 76109-4625

FAY A. BARAK
26 VAN BUSKIRK WAY
SANDWICH, MA 02563-2672

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2310 E OLD SHKPEE RD APT #101A
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AZTEC, NM 87410

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371 NE FIRCREST
MCMINNVILLE, OR 97128

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HAILEY, ID 83333-3975

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FARMINGTON, NM 87401-7021

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BLOOMFIELD, NM 87413-6033

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COMMUNITY 1ST NATL, TRUSTEES
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BOULDER, CO 80303-1070

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#14-46350 CESSNA DRIVE
CHILLIWACK BRITISH COLUMBIA
CANADA V2P 7W3

DAVID ORRIN ABRAMS
10900 WOODLAND NE
ALBUQUERQUE, NM 87112-1681

PAUL B. & DOROTHY M. HORN TRUST
PAUL B AND DOROTHY M HORN
TRUSTEES
1091 W MURRAY DR APT 115
FARMINGTON, NM 87401

Hare Gas Com D #1, #1E, J #1 DHC Owners

CANDACE L KELTON COX
17 S MEADOW RIDGE
CONCORD, MA 01742-3000

GEORGIA KELTON FERGEN
5500 OLD CLARKSVILLE RD
PARIS, TX 75462-7800

FLORA S. DROSTEN AND CO.
144 CALLE VISTA
CAMARILLO, CA 93010-1700

GLADYS MURPHY
*********BAD ADDRESS**********

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5753 GULL LAKE DAM RD NW
BRAINERD, MN 56401-9019

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C/O R HORNBY
2109 TANLEE CRES
BC VOS 1MO
CANADA

DARRELL HORNBY
374 DETROIT STREET
WINDSOR ONTARIO N9C 3Y9
CANADA

EGBERT F HORNBY
2003 REPORTED UNCLAIMED
32 E 27TH AVE
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15776 NOKAY LAKE RD
BRAINERD, MN 56401

FRANCIS A. HORNBY
1101 SW 4TH AVE
LITTLE FALLS, MN 56345

HARRY H. HORNBY
3356 WHITTIER AVE
VICTORIA BRITISH COLUMBIA
CANADA V8Z3P9

JAMES M. HORNBY
30215 21ST SW
FEDERAL WAY, WA 98023-2304

KENNETH HORNBY
315-241 SCOTT AVENUE
PENTIETON BC V2A 2J6
CANADA

PHILIP JAMES HORNBY
308 1940 BARCLAY ST
VANCOUVER BC
CANADA

TERRY ALLEN HORNBY ESTATE
RUBY SOUTHWOOD GUARDIAN
99-1929 HWY 97 SOUTH
KELOWNA BC V1Z 2Z1
CANADA

BERNICE LIND
503 BARCLAY AVE UNIT 207
PINE RIVER, MN 56474-4016

BOYD E ABRAMS
99749 S BANK CHETCO RIVER RD
BROOKINGS, OR 97415-8259

KENNETH TOWNSEND LIVING TRUST
DTD 9-14-90
P.O. BOX 456
FLORA VISTA, NM 87415

LEWIS C & BOBBIE D TOWNSEND
LIVING TRUST DTD 9-19-80
P.O. BOX 423
AZTEC, NM 87410

KEITH TOWNSEND LIVING TRUST
DTD 11-16-83
C/O LEWIS C. TOWNSEND
P.O. BOX 423
AZTEC, NM 87410

JOAN BLACK
2336 W AVE M-12
PALMDALE, CA 93551

RIGGS OIL AND GAS CORPORATION
P.O. BOX 711
FARMINGTON, NM 87499-0711

Hare Gas Com D #1, #1E, J #1 DHC Owners

MITCHELL CONSTRUCTION CO. INC.
P.O. BOX 1745
FARMINGTON, NM 87499-1745

GERALDINE TROMMALD
8055 ROSINA ST
LONG BEACH, CA 90808-3255

DONALD MAVAR
9725 S KEELER UNIT 302
OAKLAWN, IL 60453

WILLIAM R PETERSON
812 N BERRY AVE
WINSLOW, AZ 86047-3435

R V RUSH
2003 REPORTED UNCLAIMED
250 S MARPLE APT 17
COOS BAY, OR 97420-3285

BETTY J PETERSON TARTER
5057 SITKA LN
LAS VEGAS, NV 89122-4052

GERALDINE KAREN STEWART
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LOS ANGELES, CA 90041

MADALYN JOHNSON
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TAHOE CITY, CA 96145

CYNTHIA CALVIN
747 NEWPORT ST
DENVER, CO 80220-5507

VIRGINIA P. ANTOINE TRUST
ALEX C AND WAYNE A. HARE
TRUSTEES
P.O. BOX 362
BLOOMFIELD, NM 87413-0362

WAYNE A. AND DONNA LEE HARE
REVOCABLE LIVING TRUST
WAYNE A. & DONNA L. HARE,
TRUSTEES
P.O. BOX 362
BLOOMFIELD, NM 87413-0362

EDWARD M. CALVIN
2380 FOREST STREET
DENVER, CO 80207

CLARENCE EDWIN MASON JR.
810 RAMADA DR.
HOUSTON, TX 77062-5608

LENORE L. WOLFE ESTATE
BETTY WOLFE HAGERMAN
ANCILLARY PERSONAL REP
3419 WESTMINSTR AVE. STE 230
DALLAS, TX 75205-1387

J. LUDWIG MOSLE
6125 WESTWICK ROAD
DALLAS, TX 75205

JEANNE Z. SHARP
7116 ABERDEEN
DALLAS, TX 75230

LINDA L. RAYES
4212 LOMA ALTO UNIT 101
DALLAS, TX 75219

GENIE H. BENTLEY
4224 CARUTH BLVD.
DALLAS, TX 75225-6625

J. LANHAM HIGGINBOTHAM III
4204 PURDUE AVE.
DALLAS, TX 75225-6703

E. TAYLOR ARMSTRONG
4045 BRYN MAWR DRIVE
DALLAS, TX 75225-7032

ELIZABETH M. BOECKMAN TRUST
FREDERICK R. MAYER AIF
C/O GRANTOR TRUST
P.O. BOX 5083
DENVER, CO 80217

CYNTHIA H. SCOFIELD
1610 POTOMAC DRIVE
HOUSTON, TX 77057

Hare Gas Com D #1, #1E, J #1 DHC Owners

MMS – NOTIFY BLM

TRUE SAN JUAN 1984 PARTNERSHIP
P.O. BOX 2360
CASPER, WY 82602-2360

BURLINGTON RESOURCES OIL & GAS COMPANY LP
P.O. BOX 4289
FARMINGTON, NM 87499-0656

HORN FAMILY TRUST
KARLEEN UPHOLD, WANDA APODACA
& TINA LEDUC TRUSTEES UTD 6/97
C/O CITIZENS BANK
320 WEST BROADWAY
0315-5919-20
BLOOMFIELD, NM 87413-5905

YONOVA M CHURCHILL LIFE ESTATE
KAREN L, DALE L & BRIAN R CHURCHILL, REMAINDERMEN
1161 DEERFIELD RD
PRESCOTT, AZ 86303

VERN E. JONES
17407 NORTH 66TH LANE
GLENDALE, AZ 85308

BEVERLY KISER
11640 WOODBRIDGE ST. APT #306
STUDIO CITY, CA 91604-2725

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2 WAVERLY DRIVE
HOLLIDAYSBURG, PA 16648

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POWDER SPRINGS, GA 30127

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GREENVILLE, GA 29615

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ATLANTA, GA 30339

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C/O BARBARA AHO TRUSTEE
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SNELLVILLE, GA 30278

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1391 SUMMIT CHASE DR.
SNELLVILLE, GA 30039

LADD I. HURSKY, JR.
2417 NORTH ASHBY ROAD
MERCED, CA 95348-3557

M. DOUGLAS TODD TRUST DATED 11/26/03
M DOUGLAS TODD TRUSTEE
3950 27TH RD NORTH
ARLINGTON, VA 22207-5242

DON CARLOS RICHARDSON
REPORTED UNCLAIMED 2004
8510 GEORGIAN DR
AUSTIN, TX 78753-5608

WELDON C. JULANDER TRUST
ILA MAE WELDON AND
JOHN JULANDER TRUSTEES
P.O. BOX 2773
LITTLETON, CO 80161-2773

LESLIE L BERNACCHI
2336 W. AVENUE M12
PALMDALE, CA 93551

CHRISTINE T BUVENS
6156 DEERGRASS CIR NW
ALBUQUERQUE, NM 87120

VIVIAN M HIXSON
119 SILVER ST
DELTA, CO 81416-1515

BOYD D. JOHNSON
29045 COUNTY HWY 54
DETROIT LAKES, MN 56501

Hare Gas Com D #1, #1E, J #1 DHC Owners

QUESTAR EXPLORATION &
PRODUCTION CO
P.O. BOX 45601
SALT LAKE CITY, UT 84145-0601

R. G. STOREY & SONS
C/O CHARLES P. STOREY
200 CRESCENT COURT SUITE 1500
DALLAS, TX 75201

NORTH AMERICAN ENERGY
INVESTORS INC.
SUITE 270
200 CRESCENT COURT
DALLAS, TX 75201

FREDERICA H. MAYER TRUST
FRDERICK R. MAYER & ELIZABETH
MAYER BOECKMAN, TRUSTEES
P.O. BOX 5083
DENVER, CO 80217-5083

NIGH REVOCABLE TRUST
U/T/A DATED 8/3/89
ROBERT D. NIGH, TRUSTEE
7080 DEAN ROAD
INDIANAPOLIS, IN 46220

DRY CREEK RESERVE COMPANY
8013 S. ADAMS WAY
LITTLETON, CO 80122

TOURMALINE EXPLORATION CO.
8493 S. WOODY WAY
HIGHLANDS RANCH, CO 80126

HANCOCK-DORIE TRUST
P.O. BOX 670231
DALLAS, TX 75367-0231

LYNCH RESOURCES LTD.
SUITE 1600 LB-16
1845 WOODALL RODGERS FRWY.
DALLAS, TX 75201

DOMINION OKLAHOMA TEXAS
EXPLORATION & PRODUCTION
ATTN: REVENUE LOCKBOX
P.O. BOX 95294
NEW ORLEAN, LA 70195

JEANNE D. ZACHARY
510 DELLWOOD
MT. PLEASANT, TX 75455

.3

XTO ENERGY

June 20, 2005

Mr. J. Lanham Higginbotham III
4204 Purdue Avenue
Dallas, Texas 75225-6625

Re: Surface commingle application
Hare Gas Com D #1, D #1E & J #1

Dear Mr. Higginbotham:

Upon review of our surface commingle application of the above-reference wells, we find that the BTU's and one gravity reported on our table were incorrect. Mr. David Catanach, of the New Mexico Oil Conservation Division, has agreed to accept the corrected information by XTO Energy submitting a revised table and form C107B. The documents sent to the NMOCD and the BLM show our corrected BTU's and gravity (copy enclosed for your review).

XTO Energy Inc. is requesting a written withdrawal of your objection to this surface commingle application. You may write to Mr. David Catanach, New Mexico Oil Conservation Division, 1220 S. St. Francis Drive, Santa Fe, NM 87505. If you have further questions pertaining to this surface application or our revised table and C107B, please feel free to contact Ray Martin at (505) 324-1090.

Thank you,

Holly C. Perkins
Regulatory Compliance Tech

xc: D. Catanach, NMOCD
J. Lovato, NM BLM
R. Martin, XTO Energy Inc.
C. Spence, Land-XTO Energy Inc.

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

REVISED
Form C-107-B
Revised June 10, 2003

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: XTO ENERGY INC.

OPERATOR ADDRESS: 2700 FARMINGTON AVE, SUITE K-1

APPLICATION TYPE:

[X] Pool Commingling [ ] Lease Commingling [ ] Pool and Lease Commingling [ ] Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: [ ] Fee [ ] State [X] Federal

Is this an Amendment to existing Order? [ ] Yes [X] No If "Yes", please include the appropriate Order No. _____

Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
[X] Yes [ ] No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes		Gravities / BTU of Non-Commingled Production		Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes
BASIN DAKOTA	71599	0.740	1257				
BASIN DAKOTA	71599	0.702	1195				
OTERO CHACRA	82329	0.659	1165				

(2) Are any wells producing at top allowables? [ ] Yes [X] No
(3) Has all interest owners been notified by certified mail of the proposed commingling? [X] Yes [ ] No.
(4) Measurement type: [X] *Metering* [ ] *Other (Specify)*
(5) Will commingling decrease the value of production? [ ] Yes [X] No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code.
(2) Is all production from same source of supply? [ ] Yes [ ] No
(3) Has all interest owners been notified by certified mail of the proposed commingling? [ ] Yes [ ] No
(4) Measurement type: [ ] Metering [ ] Other (Specify)

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? [ ] Yes [ ] No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Holly C. Perkins TITLE: REGULATORY COMPLIANCE TECH DATE: 3/2/2005

TYPE OR PRINT NAME HOLLY C. PERKINS TELEPHONE NO.: (505) 564-6720

E-MAIL ADDRESS: Regulatory@xtoenergy.com

HARE GAS COM D #1, D #1E & J #1

Surface Commingle RevisedTable

Well Name	Hare Gas Com D #1	Hare Gas Com D #1E	Hare Gas Com J #1
API#	30-045-08303	30-045-23859	30-045-26056
Sec-T-R	Sec.142, T29N, R11W	Sec.142, T29N, R11W	Sec.142, T29N, R11W
FNL/FSL	2510' FSL	2110' FNL	2220' FSL
FEL/FWL	1170' FEL	1560' FEL	1400' FEL
Agreement #	SW275	SW275	SW275
Pool	Basin Dakota	Basin Dakota	Otero Chacra
Permits	N/A	N/A	N/A
Spacing	320 E/2	320 E/2	160 SE/4
Gravity	0.74	0.702	***0.659***
BTU	***1257***	***1195***	***1165***
Est Daily Gas Rate	41.43	26.12	6.2
WI	0.6820849	0.6820849	0.75
NRI	0.5907754	0.5907754	0.65625

Compressor and other equipment fuel usage will be determined based on manufacturer's specifications

Pumping unit & separator fuel will be allocated to well if equipment exists

6/20/2005

XTO ENERGY

August 4, 2005

VIA U. S. CERTIFIED MAIL

To: Persons on attached list:

Re: Notice of Hearing
New Mexico Oil Conservation Division
Surface Commingling Application
Hare Gas Com D #1, #1E & J #1
T29N, R11W, Sec. 14, San Juan County, New Mexico

Ladies and gentlemen:

XTO Energy Inc. has filed an application with the New Mexico Oil Conservation Division requesting approval of surface commingling of (i) Basin-Dakota Gas Pool production from the Hare Gas Com. D Well No. 1, located in Unit Letter I of Section 14, and the Hare Gas Com. D Well No. 1E, located in Unit Letter G of Section 14, both of which are dedicated to the E½ of Section 14, with (ii) Otero-Chacra Gas Pool production from the Hare Gas Com. J Well No. 1, located in Unit Letter J of Section 14, which is dedicated to the SE¼ of section 14, all located in Township 29 North, Range 11 West, NMPM. Gas produced from each well will be separately metered before commingling, and the commingled gas will use a shared compressor at the Hare Gas Com. D Well No. 1 location. Interest ownership differs between the E½ and SE¼ well units.

You have previously been provided a copy of the application by XTO Energy Inc. when it filed an application for administrative approval. Due to an objection the Division has set this matter for hearing, which is scheduled for 8:15 a.m. on Thursday, August 25, 2005, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the E½ of Section 14, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Friday, August 19, 2005 if you intend to participate at the hearing.

Yours truly,

Christopher Spencer, CPL
Landman

/cks

cc: Mr. James Bruce, Attorney At Law
D. Catanach - New Mexico Oil Conservation Division
J. Lovato – Bureau of Land Management

MMS
NMOCD

DARRELL B. JOHNSON
MESA, AZ 85201
********BAD ADDRESS**********
******SUSPENDED OWNER*******

DELL D. JOHNSON
DELTA, CO 81416
********BAD ADDRESS**********
******SUSPENDED OWNER*******

TRUE SAN JUAN 1984 PARTNERSHIP
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CASPER, WY 82602-2360

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KARLEEN UPHOLD, WANDA APODACA
& TINA LEDUC TRUSTEES UTD 6/97
C/O CITIZENS BANK
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0315-5919-20
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CHURCHILL, REMAINDERMEN
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DELIVERY NOT YET CONFIRMED

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29045 COUNTY HWY 54
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DARREL B. JOHNSON
MESA, AZ 85201
*********BAD ADDRESS**********
******SUSPENSE REQUESTED*****

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DELTA, CO 81416
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ARLEE MCLEOD
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LA LUZ, NM 88337

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FORT WORTH, TX 76109-4625

FAY A. BARAK
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3356 WHITTIER AVE
VICTORIA BRITISH COLUMBIA
CANADA V8Z3P9

JAMES M. HORNBY
30215 21ST SW
FEDERAL WAY, WA 98023-2304

KENNETH HORNBY
315-241 SCOTT AVENUE
PENTIETON BC V2A 2J6
CANADA

PHILIP JAMES HORNBY
308 1940 BARCLAY ST
VANCOUVER BC
CANADA
*********BAD ADDRESS**********
******SUSPENDED OWNER*******

TERRY ALLEN HORNBY ESTATE
RUBY SOUTHWOOD GUARDIAN
99-1929 HWY 97 SOUTH
KELOWNA BC V1Z 2Z1
CANADA
*********BAD ADDRESS**********
******SUSPENDED OWNER*******

BERNICE LIND
503 BARCLAY AVE UNIT 207
PINE RIVER, MN 56474-4016

BOYD E ABRAMS
99749 S BANK CHETCO RIVER RD
BROOKINGS, OR 97415-8259

KENNETH TOWNSEND LIVING TRUST
DTD 9-14-90
P.O. BOX 456
FLORA VISTA, NM 87415

LEWIS C & BOBBIE D TOWNSEND
LIVING TRUST DTD 9-19-80
P.O. BOX 423
AZTEC, NM 87410

KEITH TOWNSEND LIVING TRUST
DTD 11-16-83
C/O LEWIS C. TOWNSEND
P.O. BOX 423
AZTEC, NM 87410

JOAN BLACK
2336 W AVE M-12
PALMDALE, CA 93551

RIGGS OIL AND GAS CORPORATION
P.O. BOX 711
FARMINGTON, NM 87499-0711
MITCHELL CONSTRUCTION CO. INC.
P.O. BOX 1745
FARMINGTON, NM 87499-1745

GERALDINE TROMMALD
8055 ROSINA ST
LONG BEACH, CA 90808-3255

DONALD MAVAR
9725 S KEELER UNIT 302
OAKLAWN, IL 60453

WILLIAM R PETERSON
812 N BERRY AVE
WINSLOW, AZ 86047-3435

R V RUSH
2003 REPORTED UNCLAIMED
250 S MARPLE APT 17
COOS BAY, OR 97420-3285
*********BAD ADDRESS**********
******SUSPENDED OWNER*******

BETTY J PETERSON TARTER
5057 SITKA LN
LAS VEGAS, NV 89122-4052

GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041

MADALYN JOHNSON
P.O. BOX 7371
TAHOE CITY, CA 96145
DELIVERY NOT YET CONFIRMED

CYNTHIA CALVIN
747 NEWPORT ST
DENVER, CO 80220-5507

VIRGINIA P. ANTOINE TRUST
ALEX C AND WAYNE A. HARE
TRUSTEES
P.O. BOX 362
BLOOMFIELD, NM 87413-0362

WAYNE A. AND DONNA LEE HARE
REVOCABLE LIVING TRUST
WAYNE A. & DONNA L. HARE,
TRUSTEES
P.O. BOX 362
BLOOMFIELD, NM 87413-0362

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 ROSE ORTEL
PO BOX 4222
HORSESHOE BAY, TX 78657-4222

HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3198

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Rose Ortel ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARY ROSE ORTEL C. Date of Delivery

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

AUG 08 2005

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JAMES M THORNBY
30215 21ST SW
FEDERAL WAY, WA 98023-2304

HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2979

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X James M Hornby ☐ Agent ☐ Addressee

B. Received by (Printed Name) J Hornby C. Date of Delivery 8/6/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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:

NORMA E WAGGONER
371 NE FIRCREST
MCMINNVILLE, OR 97128-0000

HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2801

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Norma E. Waggoner ☐ Agent ☑ Addressee

B. Received by (Printed Name) Norma E Waggoner C. Date of Delivery 8/6/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

TRUE SAN JUAN 1984 PARTNERSHIP
PO BOX 2360
CASPER, WY 82602-2360

HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2924

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Greg Vineyard ☐ Agent ☐ Addressee

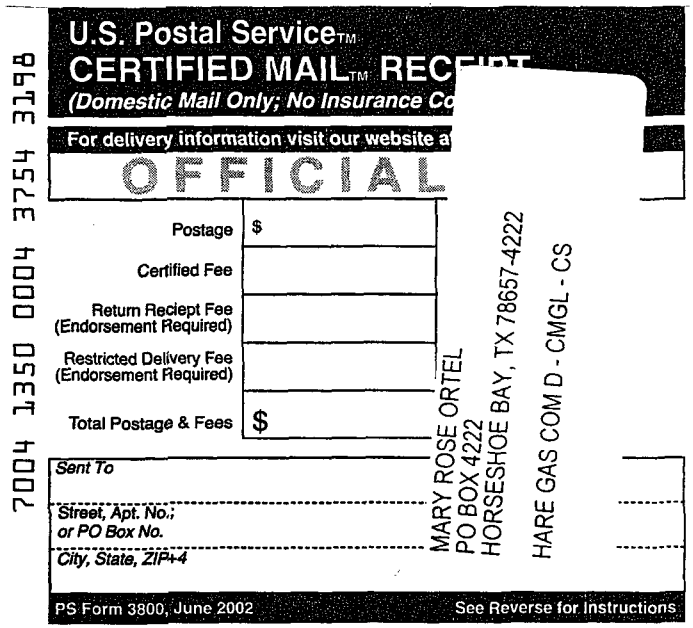
B. Received by (Printed Name) Greg Vineyard C. Date of Delivery AUG 08 2005

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15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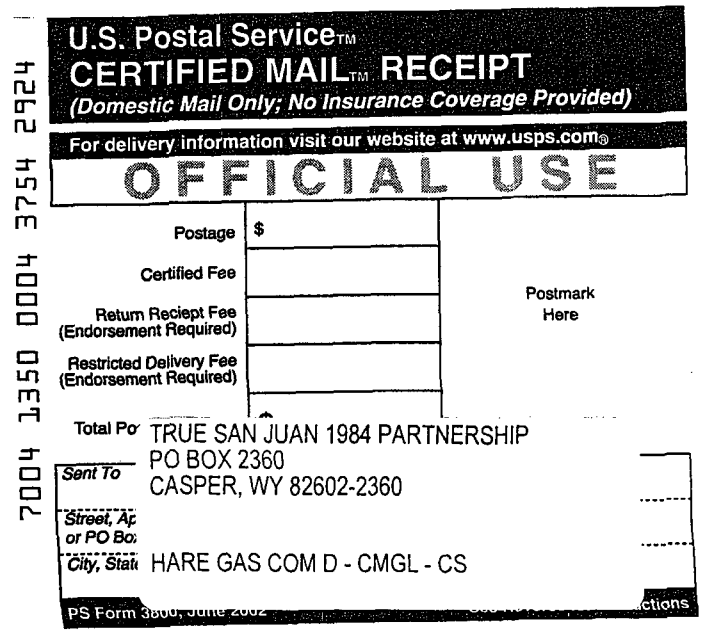
City, State, ZIP+4
MARY ROSE ORTEL
PO BOX 4222
HORSESHOE BAY, TX 78657-4222
HARE GAS COM D - CMGL - CS
PS Form 3800, June 2002
See Reverse for Instructions
7004 1350 0004 3754 3198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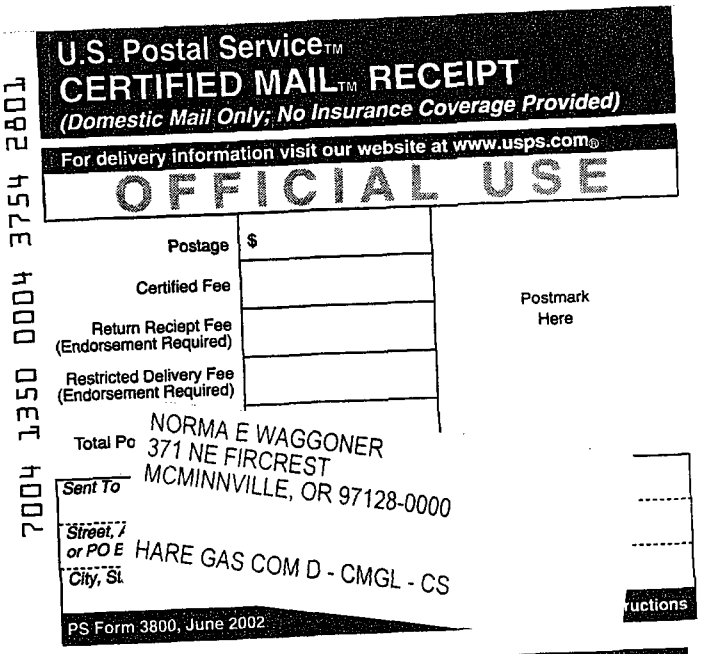
or PO Bo
City, Stat
TRUE SAN JUAN 1984 PARTNERSHIP
PO BOX 2360
CASPER, WY 82602-2360
HARE GAS COM D - CMGL - CS
PS Form 3800, June 2002
7004 1350 0004 3754 2924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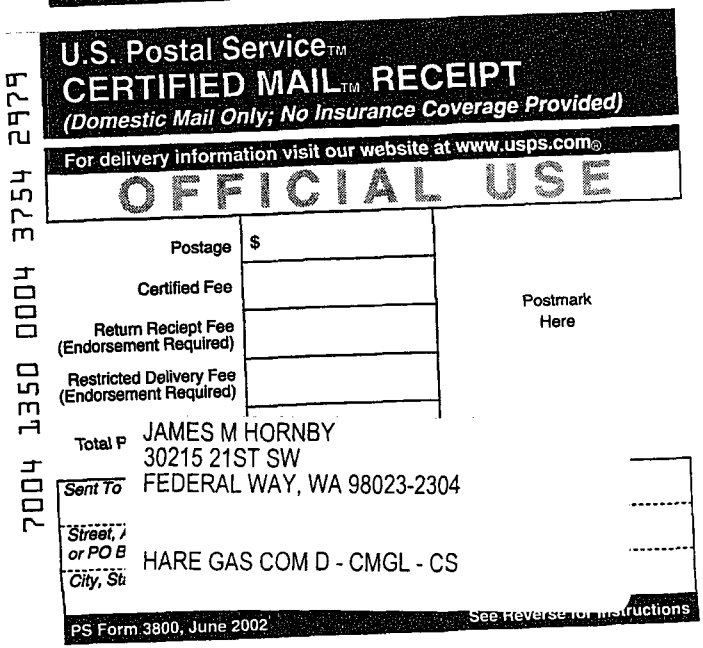
or PO E
City, St
NORMA E WAGGONER
371 NE FIRCREST
MCMINNVILLE, OR 97128-0000
HARE GAS COM D - CMGL - CS
PS Form 3800, June 2002
7004 1350 0004 3754 2801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Postmark Here
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Sent To
Street, A
or PO B
City, St
JAMES M HORNBY
30215 21ST SW
FEDERAL WAY, WA 98023-2304
HARE GAS COM D - CMGL - CS
PS Form 3800, June 2002
7004 1350 0004 3754 2979

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

LADD I. HURSKY, JR.
2417 NORTH ASHBY ROAD
MERCED, CA 95348-3557

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ladd I. Hursky ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ladd C. Date of Delivery 08/08/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 2603

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VIRGINIA P ANTOINE TRUST
ALEX C AND WAYNE A HARE
TRUSTEES
PO BOX 362
BLOOMFIELD, NM 87413-0362
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wayne Hare ☒ Agent ☐ Addressee

B. Received by (Printed Name) WAYNE HARE C. Date of Delivery 8/8/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3303

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

HORN FAMILY TRUST
C/O CITIZENS BANK
320 WEST BROADWAY
0315-5919-20
BLOOMFIELD, NM 87413-5905
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/8

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 3044

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

L G KRIEGER TEST TRUST
MARGERY M KRIEGER & COLORADO
COMMUNITY 1ST NATL, TRUSTEES
3800 ARAPAHOE AVENUE
BOULDER, CO 80303-1070
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susanne Blanchett ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery AUG 08 2005

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service la 7004 1350 0004 3754 2757

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 3303

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Total P	

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Sent To VIRGINIA P ANTOINE TRUST
ALEX C AND WAYNE A HARE
TRUSTEES
Street, A PO BOX 362
or PO B
City, Sta BLOOMFIELD, NM 87413-0362
HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

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Sent To LADD I. HURSKY, JR.
2417 NORTH ASHBY ROAD
Street, A MERCED, CA 95348-3557
or PO B
City, Sta HARE GAS COM D - CMGL - CS

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Postage	$
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Total	

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Sent To HORN FAMILY TRUST
C/O CITIZENS BANK
320 WEST BROADWAY
Street, 0315-5919-20
or PO BLOOMFIELD, NM 87413-5905
City, S HARE GAS COM D - CMGL - CS

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Total	

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Sent To L G KRIEGER TEST TRUST
MARGERY M KRIEGER & COLORADO
COMMUNITY 1ST NATL, TRUSTEES
Street, 3800 ARAPAHOE AVENUE
or PO BOULDER, CO 80303-1070
City, S HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

DONALD MAVAR
9725 S KEELER UNIT 302
OAKLAWN, IL 60453-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Mavar ☐ Agent ☐ Addressee

B. Received by (Printed Name) N MAVAR | C. Date of Delivery 8-08-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 3136

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BOYD E ABRAMS
99749 S BANK CHETCO RIVER RD
BROOKINGS, OR 97415-8259

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B Z Abrams ☑ Agent ☐ Addressee

B. Received by (Printed Name) B ABRAMS | C. Date of Deliver 8/8/0

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3099

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

CYNTHIA CALVIN
747 NEWPORT ST
DENVER, CO 80220-5507

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8/8

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
AUG - 8 2005

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 2948

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KATHERINE AHO
2383 AKERS MILL RD APT C15
ATLANTA, GA 30339-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Katie Aho ☐ Agent ☐ Addressee

B. Received by (Printed Name) Katie Aho | Date of Deliver

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

AKERS MILL RD
USPS
AUG 2005
30339-9998

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2993

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 3136

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Sent To DONALD MAVAR
9725 S KEELER UNIT 302
OAKLAWN, IL 60453-0000

Street, Apt. No. or PO Box No.

City, State, Zi HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002

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

BOYD E ABRAMS
99749 S BANK CHETCO RIVER RD
BROOKINGS, OR 97415-8259

HARE GAS COM D - CMGL - CS

Sent To

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

City, State, ZIP+4

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To CYNTHIA CALVIN
747 NEWPORT ST
DENVER, CO 80220-5507

Sen

Str or I HARE GAS COM D - CMGL - CS

City,

PS Form 3800, June 2002 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)

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Total KATHERINE AHO
2383 AKERS MILL RD APT C15
ATLANTA, GA 30339-0000

Sent T

Street, or PO

City, S HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: *COMPLETE THIS SECTION*

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

. Article Addressed to:

CANDACE L KELTON COX ✓
17 S MEADOW RIDGE
CONCORD, MA 01742-3000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Candace L. Cox ☐ Agent ☒ Addressee

B. Received by (Printed Name) Candace L. Cox | C. Date of Delivery 8-9-05

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

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

4. Restricted Delivery? (Extra Fee)

. Article Number (Transfer from service label) 7004 1350 0004 3754 3211

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

CORA BACON ✓
2 WAVERLY DRIVE
HOLLIDAYSBURG, PA 16648-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ray Bacon ☐ Agent ☐ Addressee

B. Received by (Printed Name) RAY BACON | C. Date of Delivery 8/9/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

ENDER: *COMPLETE THIS SECTION*

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

. Article Addressed to:

MARY J MAGMANUS ✓
354 E HOLLOWAY
RAYMONDVILLE, TX 78580-3038

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gerry A Campbell ☐ Agent ☐ Addressee

B. Received by (Printed Name) Gerry A Campbell | C. Date of Delivery 8/13/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

. Article Number (Transfer from service label) 7004 1350 0004 3754 2832

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

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

ARLEE MCLEOD ✓
PO BOX 958
LA LUZ, NM 88337-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (Printed Name) ARLEE MCLEOD | C. Date of Delivery 8/11/05

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

AUG 11 2005 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2733

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 3211

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

Postmark Here: Hare GC. C. Spencer

Sent To: Candace Cox
Street, Apt. No.; or PO Box No.: 17 S. Meadow Ridge
City, State, ZIP+4: Concord MA 01742

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1350 0004 3754 3082

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OFFICIAL

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

Sent To: CORA BACON
Street, Apt. No.; or PO Box No.: 2 WAVERLY DRIVE
City, State, ZIP+4: HOLLIDAYSBURG, PA 16648-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1350 0004 3754 2832

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

Postmark Here

Sent To: MARY J MACMANUS
354 E HOLLOWAY
RAYMONDVILLE, TX 78580-3038
Street, Apt. or PO Box:
City, State, HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1350 0004 3754 2733

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

Postmark Here

Sent To: ARLEE MCLEOD
PO BOX 958
LA LUZ, NM 88337-0000
Street, Apt. or PO Box:
City, State: HARE GAS COM D - CMGL - CS

PS Form 3800, June 200... ...tions

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:

FAY A BARAK
26 VAN BUSKIRK WAY
SANDWICH, MA 02563-2672

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Fay Barak ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/12/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2740

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WILLIAM DUDLEY ANDREWS
1500 SANTA PAULA DR
MODESTO, CA 95355-5118

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) AUG 12 2005 C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2856

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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:

EUGENE E HORNBY
15776 NOKAY LAKE RD
BRAINERD, MN 56401-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rita Hornby ☐ Agent ☒ Addressee

B. Received by (Printed Name) Rita Hornby C. Date of Delivery 8/8/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2962

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BERNICE LIND
14177 BROADMOOR DR APT 203
BAXTER, MN 56425-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) EARL Lind C. Date of Delivery 8-8-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3273

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 2740

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Postage $
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total Pos
Sent To FAY A BARAK
26 VAN BUSKIRK WAY
SANDWICH, MA 02563-2672
Street, Apt. or PO Box
City, State, HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

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Postage $
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total
Sent To WILLIAM DUDLEY ANDREWS
1500 SANTA PAULA DR
MODESTO, CA 95355-5118
Street,
or PO
City, St HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 2762

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Postage $
Certified Fee
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Tot
Sent EUGENE E HORNBY
15776 NOKAY LAKE RD
BRAINERD, MN 56401-0000
Stree
or P
City, HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3273

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Postage $
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Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

T
Se BERNICE LIND
14177 BROADMOOR DR APT 203
BAXTER, MN 56425-0000
S
o HARE GAS COM D - CMGL - CS
C

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:

PAUL B & DOROTHY M HORN TRUST
1091 W MURRAY DR APT 115
FARMINGTON, NM 87401-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda D Hone ☐ Agent ☑ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3181

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KEITH TOWNSEND LIVING TRUST
DTD 11-16-83
C/O LEWIS C. TOWNSEND
PO BOX 423
AZTEC, NM 87410-0000
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobbie Townsend ☐ Agent ☐ Addressee

B. Received by (Printed Name) BOBBIE TOWNSEND | C. Date of Delivery 08/09/0

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3259

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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 R PETERSON
812 N BERRY AVE
WINSLOW, AZ 86047-3435

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

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

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

WINSLOW AZ 86047 AUG 9 2005 USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3112

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VIRGINIA P ANTOINE TRUST
ALEX C AND WAYNE A HARE
TRUSTEES
PO BOX 362
BLOOMFIELD, NM 87413-0362
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☑ Agent ☐ Addressee

B. Received by (Printed Name) WAYNE HARE | C. Date of Delivery 8/8/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3013

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 3181

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

Sent To
PAUL B & DOROTHY M HORN TRUST
Street, Apt. No.; or PO Box No. 1091 W MURRAY DR APT 115
City, State, ZIP+4 FARMINGTON, NM 87401-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3259

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

Postmark Here

Sent To KEITH TOWNSEND LIVING TRUST DTD 11-16-83
Street, or PO E C/O LEWIS C. TOWNSEND PO BOX 423
City, St AZTEC, NM 87410-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3112

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

Sent To
WILLIAM R PETERSON
Street, Apt. No.; or PO Box No. 812 N BERRY AVE
City, State, ZIP+4 WINSLOW, AZ 86047-3435

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

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Postage	$
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Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Posta	

Postmark Here

Sent To VIRGINIA P ANTOINE TRUST ALEX C AND WAYNE A HARE TRUSTEES
Street, Apt. or PO Box PO BOX 362
City, State, BLOOMFIELD, NM 87413-0362

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

(ENNETH TOWNSEND LIVING TRUST
)TD 9-14-90
'O BOX 456
LORA VISTA, NM 87415-0000

ARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Glenna Townsend ☐ Agent ☐ Addressee

B. Received by (Printed Name) Glenna Townsend C. Date of Delivery AUG 08 2005

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

LORA VISTA NM USPS 87415

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 2955

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

HARE PRODUCTION COMPANY LTD
1601 E BLANCO BLVD
BLOOMFIELD, NM 87413-6033

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lena Hare ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-8-01

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

Lena Hare

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2863

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

RICHARD FREEMAN
12825 MONTICELLO LN
CHAMPLIN, MN 55316-1263

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Richard Freeman ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-8-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2788

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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

Postmark Here

T KENNETH TOWNSEND LIVING TRUST
DTD 9-14-90
Sei PO BOX 456
Str FLORA VISTA, NM 87415-0000
or
Cit HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 2863

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

Postmark Here

HARE PRODUCTION COMPANY LTD
1601 E BLANCO BLVD
BLOOMFIELD, NM 87413-6033

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 2788

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

Postmark Here

Total F RICHARD FREEMAN
Sent To 12825 MONTICELLO LN
CHAMPLIN, MN 55316-1263
Street, /
or PO E
City, St HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

...DER: COMPLETE THIS SECTION

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

Article Addressed to:

CHRISTINE T BUVENS
5156 DEERGRASS CIR NW
ALBUQUERQUE, NM 87120-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 2702

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GEORGIA LEE KELTON
5500 OLD CLARKSVILLE RD
PARIS, TX 75462-7800

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) [illegible] C. Date of Deliver 8-5

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 322

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

VERN E JONES
17407 NORTH 66TH LANE
GLENDALE, AZ 85308-0000

HARE GAS COM D - CMGL - CS

RECEIVED AUG 8 2005 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Vern E Jones ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8/8/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 3051

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FRANCIS A HORNBY
1101 SW 4TH AVE
LITTLE FALLS, MN 56345-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Francis A. Hornby ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Deliver 8/8

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2986

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 2752

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

Postmark Here

Total I

Sent To CHRISTINE T BUVENS
6156 DEERGRASS CIR NW
ALBUQUERQUE, NM 87120-0000

Street, / or PO B HARE GAS COM D - CMGL - CS

City, Sta

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3228

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OFFICIAL

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

Sent To GEORGIA LEE KELTON
5500 OLD CLARKSVILLE RD
PARIS, TX 75462-7800

Street, Apt. No.; or PO Box No. HARE GAS COM D - CMGL - CS

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3517

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OFFICIAL

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

Sent To VERN E JONES
17407 NORTH 66TH LANE
GLENDALE, AZ 85308-0000

Street, Apt. No.; or PO Box No. HARE GAS COM D - CMGL - CS

City, State, ZIP+4

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

Postmark Here

Total

Sent T FRANCIS A HORNBY
1101 SW 4TH AVE
LITTLE FALLS, MN 56345-0000

Street or PO HARE GAS COM D - CMGL - CS

City, S

PS Form 3800, June 2002 structions

ENDER: COMPLETE THIS SECTION

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

. Article Addressed to:

ELDA M MCWILLIAMS TRUST
/O ADELE MCLURE
18 S CHURCH
AZTEC, NM 87410-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Adele McClure ☐ Agent ☑ Addressee

B. Received by (Printed Name) Adele McClure | C. Date of Delivery 8-8-5

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

. Article Number (Transfer from servic 7004 1350 0004 3754 2795

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

FAY E HIXSON
1531 LEEDS
MONTROSE, CO 81401-5265

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B Hixson ☐ Agent ☑ Addressee

B. Received by (Printed Name) B HIXSON | C. Date of Deliver 8 10 0

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2818

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KATHRYN E. UMBARGER
5444 ROYAL VISTA LN
LAS VEGAS, NV 89149-6614

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8-10-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2726

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

CARLTON W HIXSON
602 BARBARA CT
MONTROSE, CO 81401-5017

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carlton Hixson ☐ Agent ☐ Addres

B. Received by (Printed Name) CARLTON HIXSON | C. Date of Deliv

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

MONTRO

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service la 7004 1350 0004 3754 2917

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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

Postmark Here

Sent To ZELDA M MCWILLIAMS TRUST
C/O ADELE MCLURE
Street, 218 S CHURCH
or PO E AZTEC, NM 87410-0000
City, St HARE GAS COM D - CMGL - CS

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7004 1350 0004 3754 2818

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OFFICIAL

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

Sent To FAY E HIXSON
Street, Apt. No.; 1531 LEEDS
or PO Box No. MONTROSE, CO 81401-5265
City, State, ZIP+4 HARE GAS COM D - CMGL - CS

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

Postmark Here

Sent T KATHRYN E. UMBARGER
Street, 5444 ROYAL VISTA LN
or PO LAS VEGAS, NV 89149-6614
City, S HARE GAS COM D - CMGL - CS

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

Postmark Here

Sent T CARLTON W HIXSON
Street 602 BARBARA CT
or PO MONTROSE, CO 81401-5017
City, S HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: COMPLETE THIS SECTION

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

. Article Addressed to:

VIVIAN M. HIXSON
119 SILVER ST.
DELTA, CO 81416-1515

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynda Johnson ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8-9

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

. Article Number (Transfer from service label) 7004 1350 0004 3754 3020

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KENNETH TOWNSEND LIVING TRUST
DTD 9-14-90
PO BOX 456
FLORA VISTA, NM 87415-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Glenice J Townsend ☐ Agent ☐ Addressee

B. Received by (Printed Name) Glenice J Townsend | C. Date of Delivery AUG 08 2005

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

FLORA VISTA NM
AUG 08 2005
USPS - 87415

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service 7004 1350 0004 3754 3143

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

ENDER: COMPLETE THIS SECTION

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

. Article Addressed to:

BETTY J PETERSON TARTER
5057 SITKA LN
LAS VEGAS, NV 89122-4052

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty Tarter ☐ Agent ☐ Addressee

B. Received by (Printed Name) TARTER | C. Date of Delivery 8-13-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

. Article Number (Transfer from service label) 7004 1350 0004 3754 2931

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X GK Stewart ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 8-13-0

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

EAGLE ROCK STA 90041
AUG 13 2005

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3297

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 3005

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Restricted Delivery Fee (Endorsement Required)

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Stre or P
City

VIVIAN M. HIXSON
119 SILVER ST.
DELTA, CO 81416-1515

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7004 1350 0004 3754 2955

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Restricted Delivery Fee (Endorsement Required)

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Tot
Sen
Str or
City

KENNETH TOWNSEND LIVING TRUST
DTD 9-14-90
PO BOX 456
FLORA VISTA, NM 87415-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 Instructions

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Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

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Sent
Stree or PO
City, S

GERALDINE KAREN STEWART
4910 LA RODA AVE
LOS ANGELES, CA 90041-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3754

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Restricted Delivery Fee (Endorsement Required)

Postmark Here

Tota
Sent
Stree or PO
City,

BETTY J PETERSON TARTER
5057 SITKA LN
LAS VEGAS, NV 89122-4052

HARE GAS COM D - CMGL - CS

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:

FERN E STEPHENSON
PO BOX 3975
HAILEY, ID 83333-3975

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Fern Stephenson ☐ Agent ☒ Addressee

B. Received by (Printed Name) Fern E. Stephenson C. Date of Delivery 8-20-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2849

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

VIVIAN M HIXSON
119 SILVER ST
DELTA, CO 81416-1515

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lynette Johnson ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8-9

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2719

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LEWIS C & BOBBIE D TOWNSEND
LIVING TRUST DTD 9-19-80
PO BOX 423
AZTEC, NM 87410-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobbie Townsend ☐ Agent ☐ Addressee

B. Received by (Printed Name) BOBBIE TOWNSEND C. Date of Delivery 8-9-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2887

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

LEWIS C & BOBBIE D TOWNSEND
LIVING TRUST DTD 9-19-80
PO BOX 423
AZTEC, NM 87410-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobbie Townsend ☐ Agent ☐ Addressee

B. Received by (Printed Name) BOBBIE TOWNSEND C. Date of Delivery 8-9-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3204

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

7004 1350 0004 3754 2849

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

Postmark Here

Sent To: FERN E STEPHENSON
Street, Apt. or PO Box: PO BOX 3975
City, State: HAILEY, ID 83333-3975

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1350 0004 3754 2719

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

Postmark Here

Sent To: VIVIAN M HIXSON
Street, Apt. or PO Box: 119 SILVER ST
City, State: DELTA, CO 81416-1515

HARE GAS COM D - CMGL - CS

PS Form 3800 — See Reverse for Instructions

7004 1350 0004 3754 2794

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

Sent To: LEWIS C & BOBBIE D TOWNSEND
Street, Apt. No.; or PO Box No.: LIVING TRUST DTD 9-19-80
City, State, ZIP+4: PO BOX 423 AZTEC, NM 87410-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 — See Reverse for Instructions

7004 1350 0004 3754 2887

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

Postmark Here

Sent To: LEWIS C & BOBBIE D TOWNSEND
Street, Apt. No.; or PO Box No.: LIVING TRUST DTD 9-19-80
City, State, ZIP+4: PO BOX 423 AZTEC, NM 87410-0000

HARE GAS COM D - CMGL - CS

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:

RUSSELL HUGH ANDREWS
1600 N LAGUNA
FARMINGTON, NM 87401-7021

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Andrews ☐ Agent ☐ Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2825

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

KEITH TOWNSEND LIVING TRUST
DTD 11-16-83
C/O LEWIS C. TOWNSEND
PO BOX 423
AZTEC, NM 87410-0000
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bobbie Townsend ☐ Agent ☐ Addresse

B. Received by (Printed Name) C. Date of Deliver
BOBBIE TOWNSEND 8-9-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2894

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

VID ORRIN ABRAMS
900 WOODLAND NE
BUQUERQUE, NM 87112-1681

ARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ruth Abram ☐ Agent ☐ Addressee

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

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

ALBUQUERQUE NM
AUG - 5 2005

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

4. Restricted Deliv... ☐ Yes

7004 1350 0004 3754 3235

Article Number (Transfer from service label)

Form 3811, February 2004 D ...turn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

YONOVA M. CHURCHILL LIFE ESTATE
KAREN L., DALE L., & BRIAN R.
CHURCHILL, REMAINDERMEN
1161 DEERFIELD ED
PRESCOTT, AZ 86303-0000
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Yonova Churchill ☐ Agent ☐ Addresse

B. Received by (Printed Name) C. Date of Deliver
YC CHURCHILL 8/10/0

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2870

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 2625

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Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total P

Postmark Here

Sent To RUSSELL HUGH ANDREWS
1600 N LAGUNA
Street, or PO B FARMINGTON, NM 87401-7021
City, St HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 2894

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

Postmark Here

Sent To KEITH TOWNSEND LIVING TRUST
DTD 11-16-83
C/O LEWIS C. TOWNSEND
Street, Apt. No.; or PO Box No. PO BOX 423
City, State, ZIP+4 AZTEC, NM 87410-0000
HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3539

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

Postmark Here

Sent To DAVID ORRIN ABRAMS
10900 WOODLAND NE
Street, Apt. No.; or PO Box No. ALBUQUERQUE, NM 87112-1681
City, State, ZIP+4 HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

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Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Po

Postmark Here

Sent To YONOVA M. CHURCHILL LIFE ESTATE
KAREN L., DALE L., & BRIAN R.
CHURCHILL, REMAINDERMEN
Street, Ap 1161 DEERFIELD ED
or PO Box PRESCOTT, AZ 86303-0000
City, State HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

LESLIE L BERNACCHI
2336 W AVENUE M12
PALMDALE, CA 93551-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joan Black ☐ Agent ☑ Addressee

B. Received by (Printed Name) Joan Black C. Date of Delivery 8/11

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from service label) 7004 1350 0004 3754 2689

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

BEVERLY KISER
17333 SAN JOSE ST #107
GRANADA HILLS, CA 91344-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Beverly Kiser ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery AUG 11 2005

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3075

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

ENDER: COMPLETE THIS SECTION

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

Article Addressed to:

ROBERT T CHURCHILL
4064 HIDDEN VIEW CIR
FORT WORTH, TX 76109-4625

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anita Shaffer ☐ Agent ☑ Addressee

B. Received by (Printed Name) Anita Shaffer C. Date of Delivery 8-17-5

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number (Transfer from servic 7004 1350 0004 3754 2580

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WELDON C JULANDER TRUST
ILA MAE WELDON AND
JOHN JULANDER TRUSTEES
PO BOX 2773
LITTLETON, CO 80161-2773
HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sarah M Hunt ☐ Agent ☐ Addressee

B. Received by (Printed Name) SARAH M HUNT C. Date of Delivery

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

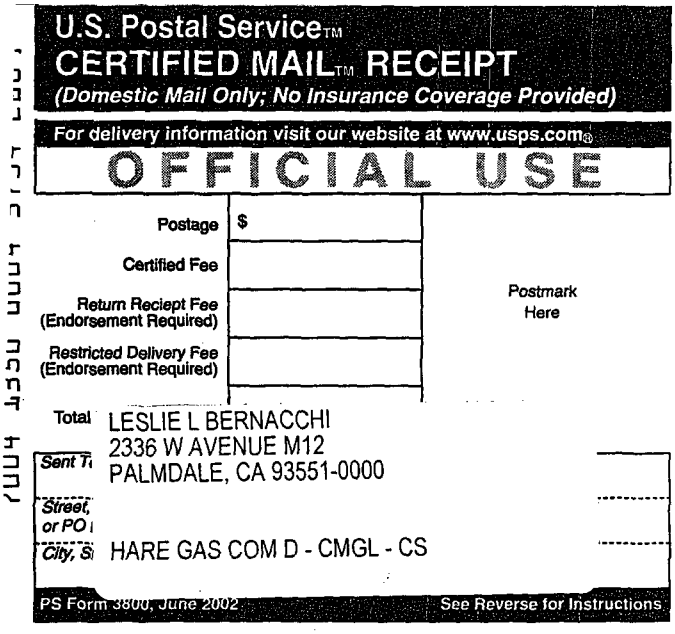
LITTLETON CO SCSI AUG 17 2005

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2696

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15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Total
LESLIE L BERNACCHI
2336 W AVENUE M12
PALMDALE, CA 93551-0000
HARE GAS COM D - CMGL - CS
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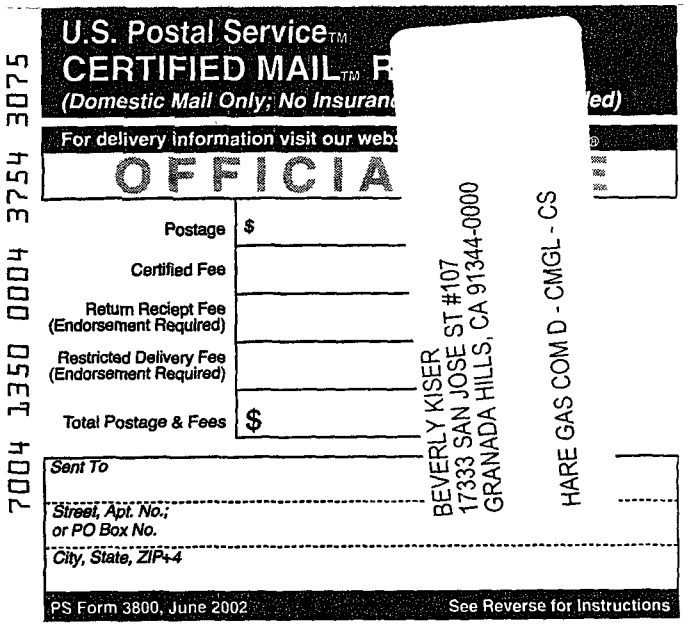
7004 1350 0004 3754 3075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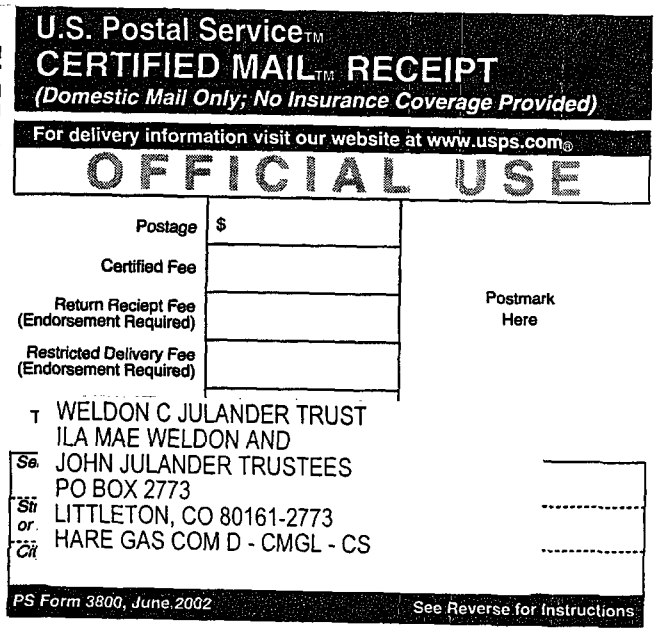
Return Reciept Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
BEVERLY KISER
17333 SAN JOSE ST #107
GRANADA HILLS, CA 91344-0000
HARE GAS COM D - CMGL - CS
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002
See Reverse for Instructions
7004 1350 0004 3754 3075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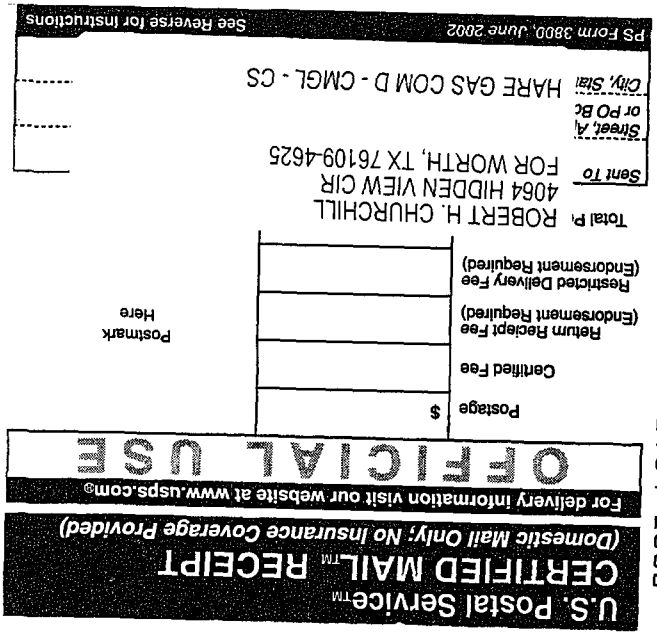
ILA MAE WELDON AND
JOHN JULANDER TRUSTEES
PO BOX 2773
LITTLETON, CO 80161-2773
HARE GAS COM D - CMGL - CS
PS Form 3800, June 2002
See Reverse for Instructions
7004 1350 0004 3754 2646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ROBERT H. CHURCHILL
4064 HIDDEN VIEW CIR
FOR WORTH, TX 76109-4625
HARE GAS COM D - CMGL - CS
PS Form 3800, June 2002
See Reverse for Instructions
7004 1350 0004 3754 2580

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

SUSAN AHO LANG
4378 SHILOH TR.
POWDER SPRINGS, GA 30127-0000

HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3150

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Susan Lang
C. Date of Delivery 8-8-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

WAYNE A AND DONNA LEE HARE
REVOCABLE LIVING TRUST
WAYNE A & DONNA L HARE, TTEE
PO BOX 362
BLOOMFIELD, NM 87413-0362
HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3006

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) WAYNE HARE
C. Date of Delivery 8/8/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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:

ALICE LEE ROSE
940 W WHEATRIDGE DR
TUCSON, AZ 85704-2427

HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2764

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) DENNIS R ANDERSON
C. Date of Delivery 8/8/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

EILEEN [redacted] ANCOCK
15989 W LA PALOMA DRIVE
SURPRISE, AZ 85374-0000

HARE GAS COM D - CMGL - CS

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3341

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 8-8-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 3006

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Total Posti
Sent To WAYNE A AND DONNA LEE HARE REVOCABLE LIVING TRUST
Street, Apt. or PO Box WAYNE A & DONNA L HARE, TTEE PO BOX 362
City, State, Z BLOOMFIELD, NM 87413-0362
HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 2764

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Restricted Delivery Fee (Endorsement Required)	

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Total P
Sent To ALICE LEE ROSE
Street, or PO E 940 W WHEATRIDGE DR TUCSON, AZ 85704-2427
City, Stu HARE GAS COM D - CMGL - CS

PS Form See Reverse for Instructions

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To EILEEN M HANCOCK
Sent 15989 W LA PALOMA DRIVE SURPRISE, AZ 85374-0000
Stree or P
City, HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	

Postmark Here

SUSAN AHO LANG
4378 SHILOH TR.
POWDER SPRINGS, GA 30127-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 se for Instructions

ENDER: 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:

WAYNE A AND DONNA LEE HARE
REVOCABLE LIVING TRUST
WAYNE A & DONNA L HARE, TTEE
PO BOX 362
BLOOMFIELD, NM 87413-0362
HARE GAS COM D - CMGL - CS

Dupl. Cert.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Donna Hare ☐ Agent ☐ Addressee

B. Received by (Printed Name): DONNA HARE
C. Date of Delivery: 8-12-2005

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7004 1350 0004 3754 3037

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

JOAN BLACK
2336 W AVE M-12
PALMDALE, CA 93551-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joan Black ☐ Agent ☒ Addressee

B. Received by (Printed Name): JOAN BLACK
C. Date of Delivery: 8/10/05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7004 1350 0004 3754 3327

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

ENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ANNA B HATTFIELD
PO BOX 216
DOVE CREEK, CO 81324-0216

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Anna B Hattfield ☐ Agent ☐ Addressee

B. Received by (Printed Name) ANNA B HATTFIELD
C. Date of Delivery: AUG 12 05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7004 1350 0004 3754 2900

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MITCHELL CONSTRUCTION CO INC
PO BOX 1745
FARMINGTON, NM 87499-1745

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R S Mitchell ☐ Agent ☐ Addressee

B. Received by (Printed Name): R S Mitchell
C. Date of Delivery: 8-9

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7004 1350 0004 3754 3105

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

7004 1350 0004 3754 3037

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

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WAYNE A AND DONNA LEE HARE
REVOCABLE LIVING TRUST
WAYNE A & DONNA L HARE, TTEE
PO BOX 362
BLOOMFIELD, NM 87413-0362
HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3327

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Restricted Delivery Fee (Endorsement Required)	

Postmark Here

JOAN BLACK
2336 W AVE M-12
PALMDALE, CA 93551-0000

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 2900

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Restricted Delivery Fee (Endorsement Required)	

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ANNA B HATTFIELD
PO BOX 216
DOVE CREEK, CO 81324-0216

HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3105

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

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

MITCHELL CONSTRUCTION CO INC
PO BOX 1745
FARMINGTON, NM 87499-1745

HARE GAS COM D - CMGL - CS

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:

ALAN T FREEMAN
2310 E OLD SHKPEE RD APT #101A
BLOOMINGTON, MN 55425-1849

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Alan T Freeman ☐ Agent ☐ Addressee

B. Received by (Printed Name) Alan T Freeman

C. Date of Delivery 8-20-05

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 2771

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

MICHAEL ROBERT AHO
412 CALEDON COURT
GREENVILLE, SC 29615-0000

HARE GAS COM D - CMGL - CS

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7004 1350 0004 3754 3310

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154(

7004 1350 0004 3754 2771

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

Postmark Here

Sent To ALAN T FREEMAN
2310 E OLD SHKPEE RD APT #101A
BLOOMINGTON, MN 55425-1849

Street, A or PO B

City, Sta HARE GAS COM D - CMGL - CS

PS Form 3800, June 2002 See Reverse for Instructions

7004 1350 0004 3754 3310

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tota	

Postmark Here

Sent MICHAEL ROBERT AHO
412 CALEDON COURT
GREENVILLE, SC 29615-0000

Stree or PC HARE GAS COM D - CMGL - CS

City,

PS Form 3800, June 2002 See Reverse for Instructions

FedEx

Close Window

Track Shipments

Print

Detailed Results

Tracking number	790109399402	**Destination**	KELOWNA, BC
Ship date	Aug 4, 2005	**Service type**	FedEx 2Day Envelope
		Weight	1.0 lbs.
Status	Delivery exception		

Date/Time		Activity	Location	Details
Aug 16, 2005	12:54 PM	**Package returned to shipper**	BURNABY, BC	Return tracking number: 850134308420
	9:03 AM	At local FedEx facility	BURNABY, BC	
Aug 15, 2005	3:15 PM	At local FedEx facility	BURNABY, BC	
	3:14 PM	At local FedEx facility	BURNABY, BC	Package not due for delivery
Aug 12, 2005	2:48 PM	In transit	KELOWNA, BC	
Aug 11, 2005	2:36 PM	At local FedEx facility	KELOWNA, BC	
Aug 8, 2005	1:25 PM	Delivery exception	KELOWNA, BC	Incorrect address
	9:59 AM	At local FedEx facility	KELOWNA, BC	
Aug 6, 2005	10:36 AM	Int'l shipment release	RICHMOND, BC	
	6:48 AM	At dest sort facility	VANCOUVER, BC	
	3:37 AM	Departed FedEx location	MEMPHIS, TN	
Aug 5, 2005	11:31 PM	Arrived at FedEx location	MEMPHIS, TN	
	11:29 PM	Departed FedEx location	MEMPHIS, TN	
	3:27 PM	In transit	MEMPHIS, TN	
	2:11 PM	Departed FedEx location	MEMPHIS, TN	
Aug 4, 2005	6:11 PM	Picked up	FORT WORTH, TX	
	4:09 PM	Package data transmitted to FedEx		

Email results | Track more shipments

Subscribe to tracking updates (optional)

Your Name: **Your Email Address:**

Email address	Language	Exception updates	Delivery updates
	English	☐	☐
	English	☐	☐
	English	☐	☐
	English	☐	☐

Select format: ◉ HTML ○ Text ○ Wireless

Add personal message:

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non-English characters.

By selecting this check box and the Submit button, I agree to these Terms and Conditions

Submit

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FedEx

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Track Shipments

Print

Detailed Results

Tracking number	790600951731	**Destination**	PENTIETON, BC
Signed for by	J.HORNBY	**Service type**	FedEx 2Day Envelope
Ship date	Aug 4, 2005	**Weight**	1.0 lbs.
Delivery date	Aug 10, 2005 1:57 PM		
Status	Delivered		

Date/Time		Activity	Location	Details
Aug 10, 2005	1:57 PM	**Delivered**	PENTIETON, BC	
Aug 9, 2005	1:08 PM	Delivery exception	KELOWNA, BC	Customer not available or business closed
Aug 8, 2005	1:20 PM	Delivery exception	KELOWNA, BC	Customer not available or business closed
	9:59 AM	At local FedEx facility	KELOWNA, BC	
Aug 6, 2005	10:36 AM	Int'l shipment release	RICHMOND, BC	
	6:48 AM	At dest sort facility	VANCOUVER, BC	
	3:37 AM	Departed FedEx location	MEMPHIS, TN	
Aug 5, 2005	11:31 PM	Arrived at FedEx location	MEMPHIS, TN	
	11:28 PM	Departed FedEx location	MEMPHIS, TN	
	3:27 PM	In transit	MEMPHIS, TN	
	2:11 PM	Departed FedEx location	MEMPHIS, TN	
Aug 4, 2005	6:11 PM	Picked up	FORT WORTH, TX	
	4:12 PM	Package data transmitted to FedEx		

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Your Name: **Your Email Address:**

Email address	**Language**	**Exception updates**	**Delivery updates**
	English		
	English		
	English		
	English		

Select format: HTML Text Wireless

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Detailed Results

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Tracking number	790109440686	**Destination**	WINDSOR, ON
Ship date	Aug 4, 2005	**Service type**	FedEx 2Day Envelope
		Weight	1.0 lbs.
Status	Delivery exception		

Date/Time		Activity	Location	Details
Aug 10, 2005	2:03 PM	**Package returned to shipper**	WINDSOR, ON	Return tracking number: 852336273000
Aug 9, 2005	1:07 PM	Delivery exception	WINDSOR, ON	Incorrect address
	9:06 AM	On FedEx vehicle for delivery	WINDSOR, ON	
	8:09 AM	At local FedEx facility	WINDSOR, ON	
Aug 8, 2005	11:17 AM	Delivery exception	WINDSOR, ON	Customer not available or business closed
	9:10 AM	On FedEx vehicle for delivery	WINDSOR, ON	
	8:45 AM	At local FedEx facility	WINDSOR, ON	
	8:45 AM	Int'l shipment release	WINDSOR, ON	
	8:45 AM	Int'l shipment release	WINDSOR, ON	
	6:01 AM	In transit	WINDSOR, ON	Package available for clearance
	1:49 AM	At dest sort facility	ROMULUS, MI	
Aug 5, 2005	11:31 PM	Arrived at FedEx location	MEMPHIS, TN	
	11:12 PM	Departed FedEx location	MEMPHIS, TN	
	3:27 PM	In transit	MEMPHIS, TN	
	2:07 PM	Departed FedEx location	MEMPHIS, TN	
Aug 4, 2005	6:11 PM	Picked up	FORT WORTH, TX	
	4:23 PM	Package data transmitted to FedEx		

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Your Name: **Your Email Address:**

Email address	**Language**	**Exception updates**	**Delivery updates**
	English		
	English		
	English		
	English		

Select format: HTML Text Wireless

Add personal message:

Not available for Wireless or non-English characters.

By selecting this check box and the Submit button, I agree to these Terms and Conditions

Submit

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FedEx

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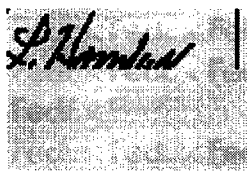
Track Shipments

Print

Detailed Results

Tracking number	790109424988	**Destination**	VICTORIA, BC
Signed for by	L.HORNBY	**Delivered to**	Residence
Ship date	Aug 4, 2005	**Service type**	FedEx 2Day Envelope
Delivery date	Aug 8, 2005 11:35 AM	**Weight**	1.0 lbs.
Status	Delivered		

Signature Proof of Delivery
Click **Request copy of signature** to view delivery information for this shipment.



Request copy of signature

Date/Time		Activity	Location	Details
Aug 8, 2005	11:35 AM	**Delivered**	VICTORIA, BC	
	8:24 AM	On FedEx vehicle for delivery	SIDNEY, BC	
Aug 6, 2005	11:12 AM	At local FedEx facility	SIDNEY, BC	Package not due for delivery
	11:06 AM	On FedEx vehicle for delivery	SIDNEY, BC	
	11:05 AM	At local FedEx facility	SIDNEY, BC	
	10:28 AM	At dest sort facility	VANCOUVER, BC	
	10:13 AM	At local FedEx facility	SIDNEY, BC	Package not due for delivery
	9:01 AM	Int'l shipment release	RICHMOND, BC	
	6:48 AM	At dest sort facility	VANCOUVER, BC	
	3:37 AM	Departed FedEx location	MEMPHIS, TN	
Aug 5, 2005	11:50 PM	Departed FedEx location	MEMPHIS, TN	
	11:31 PM	Arrived at FedEx location	MEMPHIS, TN	
	3:27 PM	In transit	MEMPHIS, TN	
	2:10 PM	Departed FedEx location	MEMPHIS, TN	
Aug 4, 2005	6:11 PM	Picked up	FORT WORTH, TX	
	4:18 PM	Package data transmitted to FedEx		

Email results | Track more shipments

Subscribe to tracking updates (optional)

Your Name: **Your Email Address:**

Email address	**Language**	**Exception updates**	**Delivery updates**
	English	☑	☐
		☐	☐

English

English

English

Select format: HTML Text Wireless

Add personal message:

Not available for Wireless or non-English characters.

By selecting this check box and the Submit button, I agree to these Terms and Conditions

Submit

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FedEx

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Track Shipments

Print

Detailed Results

Tracking number	791695344692	**Destination**	CHILLIWACK, BC
Signed for by	Signature release on file	**Service type**	FedEx 2Day Envelope
Ship date	Aug 4, 2005	**Weight**	1.0 lbs.
Delivery date	Aug 8, 2005 1:38 PM		
Status	Delivered		

Date/Time		Activity	Location	Details
Aug 8, 2005	1:38 PM	**Delivered**	CHILLIWACK, BC	Left at front door. No signature required - release waiver on file
	9:17 AM	On FedEx vehicle for delivery	RICHMOND, BC	
	8:08 AM	At local FedEx facility	RICHMOND, BC	
Aug 6, 2005	9:47 AM	Int'l shipment release	RICHMOND, BC	
	6:48 AM	At dest sort facility	VANCOUVER, BC	
	3:37 AM	Departed FedEx location	MEMPHIS, TN	
Aug 5, 2005	11:41 PM	Departed FedEx location	MEMPHIS, TN	
	11:31 PM	Arrived at FedEx location	MEMPHIS, TN	
	3:27 PM	In transit	MEMPHIS, TN	
	2:11 PM	Departed FedEx location	MEMPHIS, TN	
Aug 4, 2005	6:11 PM	Picked up	FORT WORTH, TX	
	4:28 PM	Package data transmitted to FedEx		

Email results | Track more shipments

Subscribe to tracking updates (optional)

Your Name: **Your Email Address:**

Email address	Language	Exception updates	Delivery updates
	English		
	English		
	English		
	English		

Select format: HTML Text Wireless

Add personal message:

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https://www.fedex.com/Tracking?action=track&

8/24/2005

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