**BEFORE THE OIL CONSERVATION DIVISION**
**NEW MEXICO ENERGY, MINERALS AND**
**NATURAL RESOURCES DEPARTMENT**

**APPLICATION OF OCCIDENTAL PERMIAN LIMITED PARTNERSHIP FOR AMENDMENT OF ORDER NO. 4-6199-B TO EXPAND THE PHASE I AREA IN THE NORTH HOBBS GRAYBURG SAN ANDRES UNIT PRESSURE MAINTENANCE PROJECT, LEA COUNTY, NEW MEXICO.**

**CASE NO. 13661**

**AFFIDAVIT**

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

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

William F. Carr

SUBSCRIBED AND SWORN to before me this 24th day of February 2006.

Barbara Ann Hart
Notary Public

My Commission Expires:
3/28/08

3519649_1.DOC

# Affidavit of Publication

STATE OF NEW MEXICO )
) ss.
COUNTY OF LEA )

Joyce Clemens being first duly sworn on oath deposes and says that she is Advertisting Director of **THE LOVINGTON DAILY LEADER**, a daily newspaper of general paid circulation published in the English language at Lovington, Lea County, New Mexico; that said newspaper has been so published in such county continuously and uninterruptedly for a period in excess of Twenty-six (26) consecutive weeks next prior to the first publication of the notice hereto attached as hereinafter shown; and that said newspaper is in all things duly qualified to publish legal notices within the meaning of Chapter 167 of the 1937 Session Laws of the State of New Mexico.

That the notice which is hereto attached, entitled

Legal Notice

was published in a regular and entire issue of **THE LOVINGTON DAILY LEADER** and not in any supplement thereof, for one (1) day, beginning with the issue of February 21, 2006 and ending with the issue of February 21, 2006.

And that the cost of publishing said notice is the sum of $ 60.90 which sum has been (Paid) as Court Costs.

Joyce Clemens

Subscribed and sworn to before me this 21st day of February 2006

Debbie Schilling

Debbie Schilling
Notary Public, Lea County, New Mexico
My Commission Expires June 22, 2006

LEGAL NOTICE
NOTICE OF PUBLICATION

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

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on March 16, 2006, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appoint for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qulified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by March 6, 2006. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

STATE OF NEW MEXICO TO:
All named parties and persons having any right, title, interest or claim in the following cases and notice to the public.

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

**CASE 13661:**
Application of Occidental Permian Limited Partnership for amendment of Division Order No. R-6199-B to expand the Phase I Area in the North Hobbs Grayburg San Andres Unit Pressure Maintenance Project, L County, New Mexic Applicant in the abov styled cause seeks order amending Divisi order No. R-6199-B expand the Phase I C Project Area within North Hobbs Graybu San Andres Unit include the N/2S/2 Section 31, Township South, Range 38 Eas NMPM. The project located on the west sic of the City of Hobbs, Ne Mexico.

Given under the Seal the State of New Mexic Oil Conservatic Commission at Santa F New Mexico on this 17 day of February 2006.

STATE OF NEW MEXIC OIL CONSERVATIO DIVISION

Mark E. Fesmire, P.E Director

Published in th Lovington Leade February 21, 2006.

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

OFFICIAL USE

| | |
|---|---|
| WFC OXY Postage | $ 1.11 |
| PMU Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0203

Sent To: Barry Antweil
Street, Apt. No. or PO Box No.: 12610 Stillwood Park Ct.
City, State, ZIP: Cypress, Texas 77433

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Barry Antweil
12610 Stillwood Park Ct.
Cypress, Texas 77433

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery: 2/23

C. Signature
X Tamra Spano ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Co* 7001 1140 0002 9558 0203

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

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

OFFICIAL USE

| | |
|---|---|
| WFC OXY Postage | $ 1.11 |
| PMU Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0012

Sent To: Mark Antweil
Street, Apt. No. or PO Box No.: Post Office Box 365
City, State, ZIP: Larchmont, New York 10538

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Mark Antweil
Post Office Box 365
Larchmont, New York 10538

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from servi* 7001 1140 0002 9558 0012

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

WFC OXY PMC

Sent To: J. M. Armstrong Testamentary Trust
Trustee Acct. No. 050515113500
Street, Apt. No., or PO Box No.: Posty Office Box 5383
City, State, ZIP+: Denver, Colorado 81217

PS Form 3800

7001 1140 0002 9558 0258

**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:

J. M. Armstrong Testamentary Trust
Trustee Acct. No. 050515113500
Posty Office Box 5383
Denver, Colorado 81217

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from* 7001 1140 0002 9558 0258

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

WFC OXY PMC

Sent To: Dan C. Berry
Street, Apt. No., or PO Box No.: Post Office Box 160
City, State, ZIP+: Eunice, New Mexico 88231

PS Form 3800

7001 1140 0002 9558 0210

**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:

Dan C. Berry
Post Office Box 160
Eunice, New Mexico 88231

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* | B. Date of Delivery 2/22/00

C. Signature
X Libby Berry ☐ Agent ☒ Addressee

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

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

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

2. Article Number *(Copy from* 7001 1140 0002 9558 0210

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

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

OFFICIAL USE

| | |
|---|---|
| WFC OXY PMU Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0029

Sent To
Philip Berry
Street, Apt. No. or PO Box No. Post Office Box 1551
City, State, ZIP Lovington, New Mexico 88260

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Philip Berry
Post Office Box 1551
Lovington, New Mexico 88260

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. BERRY B. Date of Delivery 2/22/06

C. Signature X Amanda Berry ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fr 7001 1140 0002 9558 0029

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

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

OFFICIAL USE

| | |
|---|---|
| WFC OXY PMU Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.83 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0128

Sent To
Chemily Management Company
Street, Apt. No. or PO Box No. Post Office Box 1487
City, State, ZIP Cypress, Texas 77410-1487
Attn: Joint Interest

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Chemily Management Company
Post Office Box 1487
Cypress, Texas 77410-1487
Attn: Joint Interest

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Charles Peterson B. Date of Delivery 02-24-06

C. Signature X Charles Peterson ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fr 7001 1140 0002 9558 0128

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

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

ChevronTexaco
11111 South Wilcrest
Houston, Texas 77099
Attn: NOJV Manager

PS Form 3800, January 2001

7001 1140 0002 9557 7067

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

ChevronTexaco
11111 South Wilcrest
Houston, Texas 77099
Attn: NOJV Manager

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) — B. Date of Delivery: 2-21-06

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

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

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

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

2. Article Number (Copy from service label): 7001 1140 0002 9557 7067

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

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

Mary Ann Curtis LLC
Joyce E. Silvernail Suctte
Post Office Box 780164
Oklahoma City, Oklahoma 73178

PS Form 3800, January 2001

7001 1140 0002 9558 3525

**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 Ann Curtis LLC
Joyce E. Silvernail Suctte
Post Office Box 780164
Oklahoma City, Oklahoma 73178

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly): HAL SILVERNAIL — B. Date of Delivery

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

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

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

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

2. Article Number (Co: 7001 1140 0002 9558 3525

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMU

FEB 15 2006

Postmark Here

7001 1140 0002 9558 0241

Sent To: Cusack Family Rev Trust
Michael Cusack, Pauline Cusack
Trustees
Street, Apt. No. or PO Box No: c/o Hohmann General Store
City, State, ZIP: Post Office Box 25
Willow City, Texas 78675

PS Form 380

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:

Cusack Family Rev Trust
Michael Cusack, Pauline Cusack
Trustees
c/o Hohmann General Store
Post Office Box 25
Willow City, Texas 78675

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): M. Cusack
B. Date of Delivery: 2/21/06
C. Signature: X M. Cusack
☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from servi): 7001 1140 0002 9558 0241

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMU

Postmark Here

7001 1140 0002 9558 0227

Sent To: Catherine Cusack
Street, Apt. or PO Box: 2223 Pajarito SW
City, State: Albuquerque, New Mexico 87105

PS Form

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:

Catherine Cusack
2223 Pajarito SW
Albuquerque, New Mexico 87105

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Cathie Cusack
B. Date of Delivery: 2/22/06
C. Signature: X Cathie Cusack
☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from: 7001 1140 0002 9558 0227

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMV

Postmark Here

Sent To
Christopher R. Cusack
Street, Apt. No. or PO Box No. 2114 Holmby
City, State, ZIP+4 Los Angeles, California 90025

PS Form 3800

7001 1140 0002 9557 6992

**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:

Christopher R. Cusack
2114 Holmby
Los Angeles, California 90025

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery 2/2/00

C. Signature
X ☐ Agent ☐ Addressee

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

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

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

2. Article Number (Copy from service label) 7001 1140 0002 9557 6992

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMV

Postmark Here

Sent To
Craig Cusack
Street, Apt. No. or PO Box No. Post Office Box 250
City, State, ZIP+4 Roswell, New Mexico 88202

PS Form 3800

7001 1140 0002 9558 0043

**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:

Craig Cusack
Post Office Box 250
Roswell, New Mexico 88202

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X Eileen T. Gaig ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)* 7001 1140 0002 9558 0043

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

WFC OKY PMV

Sent To: John P. Cusack Jr. Trust Under the John P. Cusack Testamentary Trust
Street, Apt. No. or PO Box No.: 2808 Wood Wind Drive
City, State, ZIP: Arlington, Texas 76013

PS Form 3800

7001 1140 0002 9558 0234

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John P. Cusack Jr. Trust Under the
John P. Cusack Testamentary Trust
2808 Wood Wind Drive
Arlington, Texas 76013

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery: 2-22-06

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

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

FEB 22 2006

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from ...): 7001 1140 0002 9558 0234

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

WFC OKY PMV

Sent To: John P. Cusack III
Street, Apt. or PO Box: 19945 Kirk Ave.
City, State: Eagle River, Arkansas 99577

PS Form 3800

7001 1140 0002 9557 7074

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

John P. Cusack III
19945 Kirk Ave.
Eagle River, Arkansas 99577

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery: 2-22

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from ...): 7001 1140 0002 9557 7074

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

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

OFFICIAL USE

| | | |
|---|---|---|
| WFC OXY PMW | Postage | $ 1.41 |
| | Certified Fee | 2.40 |
| | Return Receipt Fee (Endorsement Required) | 1.85 |
| | Restricted Delivery Fee (Endorsement Required) | |
| | Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Michael F. Cusack II
Street, Apt. No.; or PO Box No.: 6003 Valkeith
City, State, ZIP+4: Houston, Texas 77096

PS Form 3800, January 2001 — See Reverse for Instructions

7001 1140 0002 9558 0142

**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 F. Cusack II
6003 Valkeith
Houston, Texas 77096

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) | B. Date of Delivery: 2/27/06

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7001 1140 0002 9558 0142

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

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

OFFICIAL USE

| | | |
|---|---|---|
| WFC OXY PMW | Postage | $ 1.11 |
| | Certified Fee | 2.40 |
| | Return Receipt Fee (Endorsement Required) | 1.85 |
| | Restricted Delivery Fee (Endorsement Required) | |
| | Total Postage & Fees | $ 4.36 |

Postmark Here

Sent To: Patrick Cusack
Street, Apt. No.; or PO Box No.: Post Office Box 25
City, State, ZIP+4: Willow City, Texas 78675

PS Form 3800, January 2001

7001 1140 0002 9557 6985

**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:

Patrick Cusack
Post Office Box 25
Willow City, Texas 78675

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly): M. Cusack | B. Date of Delivery: 2/21/06

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7001 1140 0002 9557 6985

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

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

7001 1140 0002 9558 0111

OFFICIAL USE

| | |
|---|---|
| WFC OXY PMU Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Steve Cusack
Street, Apt. or PO Box: HRC 63 Box 450
City, State: Raton, New Mexico 87740

PS Form 38

**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:

Steve Cusack
HRC 63 Box 450
Raton, New Mexico 87740

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*: Steve Cusack — B. Date of Delivery: 7-21-06

C. Signature: X Steve Cusack ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy* 7001 1140 0002 9558 0111

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

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

7001 1140 0002 9558 3518

OFFICIAL USE

| | |
|---|---|
| WFC OXY PMU Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Timothy Cusack
Street, Apt. or PO Box: Post Office Box 250
City, State: Roswell, New Mexico 88202

PS Form 38

**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:

Timothy Cusack
Post Office Box 250
Roswell, New Mexico 88202

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature: X Eileen D. Bay ☐ Agent ☒ Addressee

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

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

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

2. Article Number *(Copy from serv* 7001 1140 0002 9558 3518

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0159

Sent To
Exxon Company USA
Post Office Box 4707
Street, Apt. No. or PO Box No.
Houston, Texas 77210-4707
City, State, ZIP+4
Attn: JI Operations

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Exxon Company USA
Post Office Box 4707
Houston, Texas 77210-4707
Attn: JI Operations

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X GEE ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fro 7001 1140 0002 9558 0159

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0166

Sent To
F&M Bank and Trust Company
Trustee for the Charles Noble Forbes
Street, Apt. No. or PO Box No.
Family Trust
City, State, ZIP+4
Post Office Box 3688
Tulsa, Oklahoma 74101

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

F&M Bank and Trust Company
Trustee for the Charles Noble Forbes
Family Trust
Post Office Box 3688
Tulsa, Oklahoma 74101

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) STANLEY ALLEN B. Date of Delivery
A MAIL CALL

C. Signature
X STANLEY ALLEN ☐ Agent ☐ Addressee

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

STANLEY ALLEN

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fr 7001 1140 0002 9558 0166

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

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

7001 1140 0002 9558 0067

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: First Roswell Co
Street, Apt. No. or PO Box No.: Post Office Box 1797
City, State, ZIP: Roswell, New Mexico 88202

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

First Roswell Co
Post Office Box 1797
Roswell, New Mexico 88202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Kay Srader — B. Date of Delivery: 2-21-06

C. Signature: X Kay Srader ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy f: 7001 1140 0002 9558 0067

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

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

7001 1140 0002 9558 0265

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Forbes Investment Company
Ilamae Forbes Rev Trust
Street, Apt. or PO Box N: Post Office Box 843
City, State, Z: Tulsa, Oklahoma 74101

PS Form 38

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:

Forbes Investment Company
Ilamae Forbes Rev Trust
Post Office Box 843
Tulsa, Oklahoma 74101

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): BILL ANDRES — B. Date of Delivery

C. Signature: X Bill Andres ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fror: 7001 1140 0002 9558 0265

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

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

OFFICIAL USE

| | | |
|---|---|---|
| WFC OXY PMU | Postage | $ 1.11 |
| | Certified Fee | 2.40 |
| | Return Receipt Fee (Endorsement Required) | 1.85 |
| | Restricted Delivery Fee (Endorsement Required) | |
| | Total Postage & Fees | $ 5.36 |

SANTA FE NM FEB 16 2 USPS 87501 Postmark Here

7001 1140 0002 9558 3532

Sent To: Ruth Anne Yeager Hansen
Street, Apt. No.; or PO Box No.: 4642 Lorraine
City, State, ZIP+: Dallas, Texas 75209

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Ruth Anne Yeager Hansen
4642 Lorraine
Dallas, Texas 75209

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*: Anna Yeager Hansen — B. Date of Delivery: 02 22 06

C. Signature: X Anne Yeager Hansen — ☑ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy* 7001 1140 0002 9558 3532

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

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

OFFICIAL USE

| | | |
|---|---|---|
| WFC OXY PMU | Postage | $ 1.11 |
| | Certified Fee | 2.40 |
| | Return Receipt Fee (Endorsement Required) | 1.85 |
| | Restricted Delivery Fee (Endorsement Required) | |
| | Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 3440

Sent To: Francy's I Conrad Hoy
Street, Apt. No.; or PO Box No.: 3849 Pallos Verdas
City, State, ZIP+: Dallas, Texas 75229-2743

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Francy's I Conrad Hoy
3849 Pallos Verdas
Dallas, Texas 75229-2743

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*: Walter Hoy — B. Date of Delivery: 2-24-06

C. Signature: X Walter Hoy — ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy fro* 7001 1140 0002 9558 3440

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 5.36 |
| Total Postage & Fees | $ |

Postmark Here

WFC OXY PMW

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

A. Gayle Hudgens
Post Office Box 1195
Manchaca, Texas 78652

PS Form 3800, June 2000

7001 1140 0002 9558 3549

**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:

A. Gayle Hudgens
Post Office Box 1195
Manchaca, Texas 78652

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy 7001 1140 0002 9558 3549

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | 5.36 |
| Total Postage & Fees | $ |

Postmark Here

WFC OXY PMW

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

GY Group, Inc.
Post Office Box 990
Midland, Texas 79702-0990

PS Form 3800, June 2000

7001 1140 0002 9558 3501

**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:

GY Group, Inc.
Post Office Box 990
Midland, Texas 79702-0990

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Ruth Price | B. Date of Delivery 2-21-06

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from s 7001 1140 0002 9558 3501

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To
Landreth Company Stockholders
306 West 7th Street #504
Fort Worth, Texas 76102-4905
Attn: W. A. Landreth

Street, Apt. No. or PO Box No.

City, State, ZIP+4

PS Form 3800

7001 1140 0002 9558 0104

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:

Landreth Company Stockholders
306 West 7th Street #504
Fort Worth, Texas 76102-4905
Attn: W. A. Landreth

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Krista Barrientes B. Date of Delivery FEB 22 2006

C. Signature
X Krista Barrientes ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fr 7001 1140 0002 9558 0104

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To
Legacy Reserves
Post Office Box 843407
Dallas, Texas 75240

Street, Apt. No. or PO Box No.

City, State, ZIP+4

PS Form 3800

7001 1140 0002 9557 7036

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:

Legacy Reserves
Post Office Box 843407
Dallas, Texas 75240

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery FEB 21 2006

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fr 7001 1140 0002 9557 7036

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0036

Sent To: Karen Cusack Limas
Street, Apt. No. or PO Box No.: 4262 Escondido Road
City, State, ZIP: Las Cruces, New Mexico 88005

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Karen Cusack Limas
4262 Escondido Road
Las Cruces, New Mexico 88005

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy fr* 7001 1140 0002 9558 0036

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9557 7005

Sent To: Marathon Oil Co.
Street, Apt. No. or PO Box No.: Post Office Box 3487
City, State, ZIP+: Houston, Texas 77253-3487
Attn: Paul J. Tauscher
Southern Business Unit

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Marathon Oil Co.
Post Office Box 3487
Houston, Texas 77253-3487
Attn: Paul J. Tauscher
Southern Business Unit

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X GEE MAR 0 9 ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from* 7001 1140 0002 9557 7005

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMU

Postmark Here
FEB 16 2006

Sent To: Marshall and Winston Inc.
Street, Apt. No.; or PO Box No.: Post Office Box 50880
City, State, ZIP+: Midland, Texas 79710

PS Form 3800

7001 1140 0002 9558 3464

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:

Marshall and Winston Inc.
Post Office Box 50880
Midland, Texas 79710

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Jason Hughes — B. Date of Delivery: 2-21-06

C. Signature: X Jason Hughes — ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fro 7001 1140 0002 9558 3464

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMU

Postmark Here

Sent To: Katherine Louise Conrad McCarthy
Street, Apt. No.; or PO Box No.: 4435 San Gabriel
City, State, ZIP+: Dallas, Texas 75451

PS Form 3800

7001 1140 0002 9558 3563

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 Louise Conrad
McCarthy
4435 San Gabriel
Dallas, Texas 75451

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): K. CONRAD — B. Date of Delivery: 2-22-06

C. Signature: X K Conrad — ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7001 1140 0002 9558 3563

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

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

OFFICIAL USE

WFC
OXY
PMV

| | |
|---|---|
| Postage | $ |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ |

Postmark Here

7001 1140 0002 9557 7012

Sent To: K. D. McPeters
Street, Apt. No.; or PO Box No.: 502 West Gold
City, State, ZIP+4: Hobbs, New Mexico 88240

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

K. D. McPeters
502 West Gold
Hobbs, New Mexico 88240

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 2-18-06

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from se 7001 1140 0002 9557 7012

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

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

OFFICIAL USE

WFC
OXY
PMV

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

FEB 15 2006 Postmark Here

7001 1140 0002 9558 3457

Sent To: Mary Alice Laflin Mehaffey
Street, Apt. N or PO Box N: 6138 Iola Way
City, State, Z: Englewood, Colorado 80111

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mary Alice Laflin Mehaffey
6138 Iola Way
Englewood, Colorado 80111

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 2-16-06

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (C 7001 1140 0002 9558 3457

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

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

OFFICIAL USE

| | |
|---|---|
| WFC OXY PAU Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 3471

Sent To: Wanda T. Mulligan
Street, Apt. No.; or PO Box No.: 151 Matthews Road
City, State, ZIP+: Oakdale New York 11769

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Wanda T. Mulligan
151 Matthews Road
Oakdale New York 11769

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Wanda T Mulligan — B. Date of Delivery: 2/21/06

C. Signature: X Wanda T Mulligan — ☐ Agent ☑ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from 7001 1140 0002 9558 3471

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

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

OFFICIAL USE

| | |
|---|---|
| WFC OXY PAU Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 3570

Sent To: Cary Murdoch
Street, Apt. No or PO Box No.: 1277 CR 2415
City, State, ZIP: Leesburg, Texas 75451

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Cary Murdoch
1277 CR 2415
Leesburg, Texas 75451

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery: 2/21/06

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Co 7001 1140 0002 9558 3570

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMU

Postmark Here
FEB 16 2006
Ardmore 57501

7001 1140 0002 9557 7029

Sent To: Noble Issue Trust
c/o Exchange National Bank
and Trust, Trustee
Street, Apt. No.; or PO Box No.: Post Office Box 789
City, State, ZIP+: Ardmore, Oklahoma 73402

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Noble Issue Trust
c/o Exchange National Bank
and Trust, Trustee
Post Office Box 789
Ardmore, Oklahoma 73402

**COMPLETE THIS SECTION ON DELIVERY**

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

FEB 21 2006
73401-9998

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

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

2. Article Number *(Copy from)*: 7001 1140 0002 9557 7029

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

WFC OXY PMU

Postmark Here
FEB 16 2006

7001 1140 0002 9558 3488

Sent To: Estate of Richard L. Noble
c/o Patrick Loughman, Esq.
Street, Apt. No. or PO Box No.: Post Office Box 5167
City, State, ZIP+: Oxnard, California 93031

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Estate of Richard L. Noble
c/o Patrick Loughman, Esq.
Post Office Box 5167
Oxnard, California 93031

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*: Jennifer Flores
B. Date of Delivery: 2-21-06
C. Signature: X Jennifer Flores ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

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

2. Article Number *(Copy fro)*: 7001 1140 0002 9558 3488

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

WFC OXY PMV

7001 1140 0002 9558 0135

Sent To: OBO Inc.
Street, Apt. No. or PO Box No.: Pot Office 22577
City, State, ZIP+: Hialeah, Florida 33002

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

OBO Inc.
Pot Office 22577
Hialeah, Florida 33002

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*: Bianca Johnson — B. Date of Delivery: 2-23-06

C. Signature: x Bianca Johnson — ☑ Agent ☐ Addressee

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

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

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

2. Article Number *(Cop* 7001 1140 0002 9558 0135

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

FEB 15 2006
Postmark Here

WFC OXY PMV

7001 1140 0002 9557 8965

Sent To: PH Inc.
Street, Apt. No. or PO Box No.: Post office Box 3142
City, State, ZIP+: Midland, Texas 79702-3142

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

PH Inc.
Post office Box 3142
Midland, Texas 79702-3142

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*: Shirley Lester — B. Date of Delivery: 2-21-06

C. Signature: x Shirley Lester — ☑ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from se* 7001 1140 0002 9557 8965

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 3556

Sent To: Rorco LLC
Street, Apt. No. or PO Box No.: Carolyn K. Lisle, Managing Member
City, State, ZIP: 2540 Warwick Drive
Oklahoma City, Oklahoma 73116

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Rorco LLC
Carolyn K. Lisle, Managing Member
2540 Warwick Drive
Oklahoma City, Oklahoma 73116

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) | B. Date of Delivery: 2-18-6

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fr 7001 1140 0002 9558 3556

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 3495

Sent To: Sea Properties Ltd.
Street, Apt. No. or PO Box No.: Post Office Box 1486
City, State, ZIP: Ardmore, Oklahoma 73402

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Sea Properties Ltd.
Post Office Box 1486
Ardmore, Oklahoma 73402

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Fennon E Johnson | B. Date of Delivery: 2/21/06

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

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fro 7001 1140 0002 9558 3495

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

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

7001 1140 0002 9558 0098

OFFICIAL USE

WFC
OXY
PMV

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Seven Ways Venture Capital LTD
Street, Apt. No. or PO Box No.: 214 West Texas Ave. # 200
City, State, ZIP: Midland, Texas 79701-4621

PS Form 3800

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

7001 1140 0002 9557 8972

OFFICIAL USE

WFC
OXY
PMV

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Julie Antweil Silverman
Street, Apt. No. or PO Box No.: 4408 Canyon Court NE
City, State, ZIP: Albuquerque, New Mexico 87111

PS Form 3800

**SENDER: *COMPLETE THIS SECTION***

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

1. Article Addressed to:

Julie Antweil Silverman
4408 Canyon Court NE
Albuquerque, New Mexico 87111

***COMPLETE THIS SECTION ON DELIVERY***

A. Received by *(Please Print Clearly)*: Julie A Silverman — B. Date of Delivery: 7-28-01

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

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

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

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

2. Article Number *(Copy fr* 7001 1140 0002 9557 8972

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Sara Ward Sims Successor Trustee of the J. S. Ward and Margaret Ward Trust of 1985
Street, Apt. No. or PO Box No.: 101 South Fourth Street
City, State, ZIP+4: Artesia, New Mexico 88210-2177

PS Form 3800

7001 1140 0002 9558 0074

**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:

Sara Ward Sims Successor Trustee of the J. S. Ward and Margaret Ward Trust of 1985
101 South Fourth Street
Artesia, New Mexico 88210-2177

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

FEB 21 2006

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7001 1140 0002 9558 0074

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Howell Spear Estate
Street, Apt. No. or PO Box No.: c/o Shane Spear
City, State, ZIP+4: Post Office Box 1684 Midland, Texas 79702

PS Form 3800

7001 1140 0002 9557 7043

**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:

Howell Spear Estate
c/o Shane Spear
Post Office Box 1684
Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Lori Saunders | B. Date of Delivery 2-21-06

C. Signature
X [signature] ☒ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7001 1140 0002 9557 7043

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

APR 16 20

Sent To: Stevens Enhanced Recovery Partners
Street, Apt. or PO Box No.: 1000 Louisiana
City, State, ZIP+4: Houston, Texas 77002-5007
Attn: N. L. Stevens III

PS Form 3800

7001 1140 0002 9557 7050

MAIL RETURNED

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: E. C. Sullivan
Street, Apt. or PO Box No.: P. O. Box 93854
City, State, ZIP+4: Lubbock, Texas 79493

PS Form 3800

7001 1140 0002 9557 8989

**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:

E. C. Sullivan
P. O. Box 93854
Lubbock, Texas 79493

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

APR 20 2020 LUBBOCK TX 79493

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 (Co 7001 1140 0002 9557 8989

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

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

7001 1140 0002 9558 0050

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Sundown Energy LP
Street, Apt. or PO Box: Two Galleria Tower 13455 Noel Road #2000
City, State: Dallas, Texas 75204

PS Form 3

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:

Sundown Energy LP
Two Galleria Tower
13455 Noel Road #2000
Dallas, Texas 75204

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
2/27/06

C. Signature
☒ Agent
☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy 7001 1140 0002 9558 0050

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

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

7001 1140 0002 9557 6961

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Ann H. Taylor
Street, Apt. No. or PO Box No.: Post Office Box 3487
City, State, Zip: Midland, Texas 79702

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ann H. Taylor
Post Office Box 3487
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Kim Clevenger 2-21-06

C. Signature
X Kim Clevenger
☐ Agent
☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy fro 7001 1140 0002 9557 6961

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Bettye Conrad Treadaway
Street, Apt. No. or PO Box No: 9507 Godstone Lane
City, State, ZIP: Spring, Texas 77379

PS Form 3800

7001 1140 0002 9557 6978

**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:

Bettye Conrad Treadaway
9507 Godstone Lane
Spring, Texas 77379

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery: 2-23-06

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

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

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

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

2. Article Number *(Copy from service label)* 7001 1140 0002 9557 6978

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Two States Oil Company
Street, Apt. No. or PO Box No.: 4925 Greenville Ave #940
City, State, ZIP: Dallas, Texas 75206

PS Form 3800

7001 1140 0002 9557 7081

**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:

Two States Oil Company
4925 Greenville Ave #940
Dallas, Texas 75206

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery: 2/24

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

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

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

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

2. Article Number *(Copy from service label)* 7001 1140 0002 9557 7081

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9558 0173

Sent To
Lloyd Whitley
Street, Apt. No. or PO Box No. P. O. Box 168
City, State, ZIP+4 Midland, Texas 70702

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Lloyd Whitley
P. O. Box 168
Midland, Texas 70702

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* MARILYN SCHWARMKRUG B. Date of Delivery 2-21-06

C. Signature
X Marilyn Schwarmkrug ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from)* 7001 1140 0002 9558 0173

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

7001 1140 0002 9557 7098

Sent To
Estate of Hattie C. Williams
Street, Apt. No. or PO Box No. c/o American State Bank; Attn:
John Commack
Post Office Box 1401
City, State, ZIP+4 Lubbock, Texas 79408

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Estate of Hattie C. Williams
c/o American State Bank; Attn:
John Commack
Post Office Box 1401
Lubbock, Texas 79408

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X Antonio Moreno ☐ Agent ☐ Addressee

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

FEB 21 2006 USPS

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

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

2. Article Number *(Copy from)* 7001 1140 0002 9557 7098

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Marjorie Daniel Winn
Street, Apt. No.; or PO Box No.: 920 Danieldale Road
City, State, ZIP+4: DeSoto, Texas 75115

PS Form 3800

7001 1140 0002 9558 0081

**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:

Marjorie Daniel Winn
920 Danieldale Road
DeSoto, Texas 75115

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery: 2/24/06

C. Signature: X Marjorie Ford ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7001 1140 0002 9558 0081

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

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

OFFICIAL USE

| | |
|---|---|
| Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Yates Petroleum Corporation
Street, Apt. No.; or PO Box No.: for S. P. Yates and Abo Petroleum Corporation
City, State, ZIP+4: 105 South Fourth Street
Artesia, New Mexico 88210
Attn: Land Department

PS Form 3800

7001 1140 0002 9558 0180

**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:

Yates Petroleum Corporation
for S. P. Yates and Abo Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210
Attn: Land Department

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature: X Kathy Donaghe ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label): 7001 1140 0002 9558 0180

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

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

| | |
|---|---|
| WFC OXY PMV Postage | $ 1.11 |
| Certified Fee | 2.40 |
| Return Receipt Fee (Endorsement Required) | 1.85 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | $ 5.36 |

Postmark Here

Sent To: Henry Yeager, Jr.
Street, Apt. No. or PO Box No.: 5624 Knollwood
City, State, ZIP: Bethesda, Maryland 20816

PS Form 3800

7001 1140 0002 9558 0197

**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:

Henry Yeager, Jr.
5624 Knollwood
Bethesda, Maryland 20816

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)*: Sandra Yeager
B. Date of Delivery: 2/18/06

C. Signature
X Sandra Yeager ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*: 7001 1140 0002 9558 0197

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

7001 1140 0002 9557 7050

HOLLAND&HART

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

RETURNED TO SENDER

- ☐ MOVED, LEFT NO ADDRESS
- ☐ FORWARDING ORDER EXPIRED
- ☐ ATTEMPTED-NOT KNOWN
- ☐ UNCLAIMED ☐ REFUSED
- ☐ NO SUCH STREET
- ☐ NO SUCH NUMBER
- ☐ INSUFFICIENT ADDRESS

UNDEL 204 or NEED SUI #

**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:

Stevens Enhanced Recovery Partners
1000 Louisiana
Houston, Texas 77002-5007
Attn: N. L. Stevens III

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature
X ☐ Agent ☐ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy 7001 1140 0002 9557 7050

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

**EXHIBIT A**

**APPLICATION OF**
**OCCIDENTAL PERMIAN LIMITED PARTNERSHIP**
**FOR AMENDMENT OF ORDER NO. R-6199-B**
**TO EXPAND THE PHASE I AREA**
**IN THE NORTH HOBBS GRAYBURG SAN ANDRES UNIT PRESSURE MAINTENANCE PROJECT,**
**LEA COUNTY , NEW MEXICO.**

**NOTIFICATION LIST**

Francy's I Conrad Hoy
3849 Pallos Verdas
Dallas, Texas 75229-2743

Mary Alice Laflin Mehaffey
6138 Iola Way
Englewood, Colorado 80111

Marshall and Winston Inc.
Post Office Box 50880
Midland, Texas 79710

Wanda T. Mulligan
151 Matthews Road
Oakdale New York 11769

Estate of Richard L. Noble
c/o Patrick Loughman, Esq.
Post Office Box 5167
Oxnard, California 93031

Sea Properties Ltd.
Post Office Box 1486
Ardmore, Oklahoma 73402

GY Group, Inc.
Post Office Box 990
Midland, Texas 79702-0990

Timothy Cusack
Post Office Box 250
Roswell, New Mexico 88202

Mary Ann Curtis LLC
Joyce E. Silvernail Suctte
Post Office Box 780164
Oklahoma City, Oklahoma 73178

Ruth Anne Yeager Hansen
4642 Lorraine
Dallas, Texas 75209

A. Gayle Hudgens
Post Office Box 1195
Manchaca, Texas 78652

Rorco LLC
Carolyn K. Lisle, Managing Member
2540 Warwick Drive
Oklahoma City, Oklahoma 73116

Katherine Louise Conrad McCarthy
4435 San Gabriel
Dallas, Texas 75451

Cary Murdoch
1277 CR 2415
Leesburg, Texas 75451

PH Inc.
Post office Box 3142
Midland, Texas 79702-3142

Julie Antweil Silverman
4408 Canyon Court NE
Albuquerque, New Mexico 87111

E. C. Sullivan
Post Office Box 93854
Lubbock, Texas 79493

Ann H. Taylor
Post Office Box 3487
Midland, Texas 79702

Bettye Conrad Treadaway
9507 Godstone Lane
Spring, Texas 77379

Patrick Cusack
Post Office Box 25
Willow City, Texas 78675

Christopher R. Cusack
2114 Holmby
Los Angeles, California 90025

Marathon Oil Co.
Post Office Box 3487
Houston, Texas 77253-3487
Attn: Paul J. Tauscher
Southern Business Unit

K. D. McPeters
502 West Gold
Hobbs, New Mexico 88240

Noble Issue Trust
c/o Exchange National Bank
and Trust, Trustee
Post Office Box 789
Ardmore, Oklahoma 73402

Legacy Reserves
Post Office Box 843407
Dallas, Texas 75240

Howell Spear Estate
c/o Shane Spear
Post Office Box 1684
Midland, Texas 79702

Stevens Enhanced Recovery Partners
1000 Louisiana
Houston, Texas 77002-5007
Attn: N. L. Stevens III

ChevronTexaco
11111 South Wilcrest
Houston, Texas 77099
Attn: NOJV Manager

John P. Cusack III
19945 Kirk Ave.
Eagle River, Arkansas 99577

Two States Oil Company
4925 Greenville Ave #940
Dallas, Texas 75206

Estate of Hattie C. Williams
c/o American State Bank; Attn: John Commack
Post Office Box 1401
Lubbock, Texas 79408

Mark Antweil
Post Office Box 365
Larchmont, New York 10538

Philip Berry
Post Office Box 1551
Lovington, New Mexico 88260

Karen Cusack Limas
4262 Escondido Road
Las Cruces, New Mexico 88005

Craig Cusack
Post Office Box 250
Roswell, New Mexico 88202

Sundown Energy LP
Two Galleria Tower
13455 Noel Road #2000
Dallas, Texas 75204

First Roswell Co
Post Office Box 1797
Roswell, New Mexico 88202

Sara Ward Sims Successor Trustee
of the J. S. Ward and Margaret Ward Trust of 1985
101 South Fourth Street
Artesia, New Mexico 88210-2177

Marjorie Daniel Winn
920 Danieldale Road
DeSoto, Texas 75115

Seven Ways Venture Capital LTD
214 West Texas Ave. # 200
Midland, Texas 79701-4621

Landreth Company Stockholders
306 West 7th Street #504
Fort Worth, Texas 76102-4905
Attn: W. A. Landreth

Steve Cusack
HRC 63 Box 450
Raton, New Mexico 87740

Chemily Management Company
Post Office Box 1487
Cypress, Texas 77410-1487
Attn: Joint Interest

OBO Inc.
Pot Office 22577
Hialeah, Florida 33002

Michael F. Cusack II
6003 Valkeith
Houston, Texas 77096

Exxon Company USA
Post Office Box 4707
Houston, Texas 77210-4707
Attn: JI Operations

F&M Bank and Trust Company
Trustee for the Charles Noble Forbes Family Trust
Post Office Box 3688
Tulsa, Oklahoma 74101

Lloyd Whitley
Post Office Box 168
Midland, Texas 70702

Yates Petroleum Corporation
for S. P. Yates and Abo Petroleum Corporation
105 South Fourth Street
Artesia, New Mexico 88210
Attn: Land Department

Henry Yeager, Jr.
5624 Knollwood
Bethesda, Maryland 20816

Barry Antweil
12610 Stillwood Park Ct.
Cypress, Texas 77433

Dan C. Berry
Post Office Box 160
Eunice, New Mexico 88231

Catherine Cusack
2223 Pajarito SW
Albuquerque, New Mexico 87105

John P. Cusack Jr. Trust Under the
John P. Cusack Testamentary Trust
2808 Wood Wind Drive
Arlington, Texas 76013

Cusack Family Rev Trust
Michael Cusack, Pauline Cusack Trustees
c/o Hohmann General Store
Post Office Box 25
Willow City, Texas 78675

J. M. Armstrong Testamentary Trust
Trustee Acct. No. 050515113500
Posty Office Box 5383
Denver, Colorado 81217

Forbes Investment Company
Ilamae Forbes Rev Trust
Post Office Box 843
Tulsa, Oklahoma 74101

HOLLAND&HART LLP

**William F. Carr**
wcarr@hollandhart.com

February 16, 2006

**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

TO AFFECTED INTEREST OWNERS:

Re: Application of Occidental Permian Limited Partnership for amendment of Division Order No. R-6199-B to expand the Phase I Area in the North Hobbs Grayburg San Andres Unit Pressure Maintenance Project, Lea County, New Mexico.

Ladies and Gentlemen:

This letter is to advise you that Occidental Permian Limited Partnership has filed the enclosed application with the New Mexico Oil Conservation Division seeking an expansion of the Phase I Area in the North Hobbs Grayburg San Andres Unit Pressure Maintenance Project to include the N/2S/2 of Section 31, Township 18 South, Range 38 East, NMPM, lea County, New Mexico.

This application has been set for hearing before an Examiner of the Oil Conservation Division on March 16, 2006 at Porter Hall located in the Division's Santa Fe Offices. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Pre-hearing Statement four business days in advance of a scheduled hearing, but no later than 5:00 pm , mountain time, on the Thursday preceding the scheduled hearing date. Pre-hearing statements are filed at the Oil Conservation Division's Santa Fe Office located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. This statement must include: the names of the parties and their attorneys; a concise statement of the case; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

Very truly yours,

William F. Carr
ATTORNEY FOR OCCIDENTAL PERMIAN LIMITED PARTNERSHIP
Enc.

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

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**IN THE MATTER OF THE APPLICATION OF OCCIDENTAL PERMIAN LIMITED PARTNERSHIP, FOR AMENDMENT OF ORDER NO. R-6199-B TO EXPAND THE PHASE I AREA IN THE NORTH HOBBS GRAYBURG SAN ANDRES UNIT PRESSURE MAINTENANCE PROJECT, LEA COUNTY, NEW MEXICO.**

**CASE NO. _____**

## APPLICATION

Occidental Permian Limited Partnership, (Occidental), through its undersigned attorneys, hereby makes application for an order amending Division order No. R-6199-B to expand the Phase I CO2 Project Area within its North Hobbs Grayburg San Andres Unit to include the N/2S/2 of Section 31, Township 18 South, Range 38 East, NMPM and in support of its application states:

1. Occidental is the current operator of the North Hobbs Grayburg San Andres Unit containing 10,649.53 acres, more or less, that was statutorily unitized on October 3, 1979 by New Mexico Oil Conservation Commission Order No. R-6199 entered in Case No. 6652.

2. The North Hobbs Unit Pressure Maintenance project was approved by the Commission by Order No. R-6199 entered in Case No. 6653 on November 30, 1979.

3. By Order No. R-6199-B entered on October 22, 2001, the Division granted Occidental's application to amend Order No. R-6199 to authorize the implementation of a carbon dioxide (CO2) tertiary recovery project within a portion of the North Hobbs Grayburg San Andres Unit ("the Phase I Area") and the conversion of certain wells to injection in this area.

4. Occidental's application requested the inclusion of the N/2S/2 of Section 31, Township 18 South, Range 38 East, NMPM, in the Phase I Area and the evidence presented in support of its application included the N/2S/2 of said Section 31.

5. The Phase I Area approved by Order No. R-6199-B included the N/2 of said Section 31 but omitted the N/2 S/2 of the section.

6. Occidental drilled the North Hobbs Unit Well No. 31-632 (API No. 30-025-37214) in August 2005 as an injection well located in the N/2S/2 of said Section 31. Thereafter it was discovered that the Phase I Project Area as defined by Division Order No. R-6199-B did not included this acreage.

7. Occidental therefore seeks amendment of Division Order No. R-6199-B to include in the Phase I Area the N/2S/2 of Section 31, Township 18 South, Range 38 East, NMPM and that all provisions of Order No. R-6199-B apply to this acreage as if it had originally been included in Order No. R-6199-B.

8. Pursuant to the Direction of the Division, notice of this application has been provided by Certified Mail-Return Receipt Requested to all leasehold owners within one mile of the NHU 31-632 well 2 who are identified on Exhibit A to this application.

9. Approval of this application will not impair the rights of any other interest owner in the North Hobbs Grayburg San Andres Pool, and will enable Occidental to proceed with CO2 injection in its Phase I Area as originally proposed.

10. Approval of this application therefore will be in the best interest of conservation, the prevention of waste and the protection of correlative rights.

WHEREFORE, Occidental Permian Limited Partnership requests that this application be set for hearing before an Examiner of the Oil Conservation Division on March 16, 2006 and after notice and hearing as required by law, the Division enter its order granting this application and expanding the Phase I Area in the North Hobbs Grayburg San Andres Unit to include the N/2S/2 of Section 31, Township 18 South, Range 38 East, NMPM, Lea County, New Mexico.

Respectfully submitted,

HOLLAND & HART LLP

By: _____

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ATTORNEYS FOR OCCIDENTAL PERMIAN LIMITED PARTNERSHIP

CASE_____: **Application of Occidental Permian Limited Partnership for amendment of Division Order No. R-6199-B to expand the Phase I Area in the North Hobbs Grayburg San Andres Unit Pressure Maintenance Project, Lea County, New Mexico.** Applicant in the above-styled cause seeks an order amending Division order No. R-6199-B to expand the Phase I CO2 Project Area within its North Hobbs Grayburg San Andres Unit to include the N/2S/2 of Section 31, Township 18 South, Range 38 East, NMPM. The project is located on the west side of the City of Hobbs, New Mexico.