

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

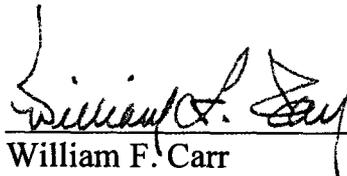
APPLICATION OF CONOCOPHILLIPS COMPANY FOR  
APPROVAL OF A COOPERATIVE LEASE LINE  
INJECTION AGREEMENT FOR AN "EXPANDED USE  
AREA" WITHIN THE EAST VACUUM GRAYBURG-SAN  
ANDRES UNIT PRESSURE MAINTENANCE PROJECT  
AREA AND QUALIFICATION OF THE ACREAGE  
WITHIN THE "EXPANDED USE AREA" FOR THE  
RECOVERED OIL TAX RATE PURSUANT TO THE NEW  
MEXICO ENHANCED OIL RECOVERY ACT, LEA  
COUNTY, NEW MEXICO.

CASE NO. 13134

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of ConocoPhillips Company,  
the Applicant herein, being first duly sworn, upon oath, states that notice has been given to  
all interested persons entitled to receive notice of this application under Oil Conservation  
Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached  
hereto.

  
\_\_\_\_\_  
William F. Carr

SUBSCRIBED AND SWORN to before me this 8<sup>th</sup> day of August 2003.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

August 23, 2005

BEFORE THE OIL CONSERVATION DIVISION  
Santa Fe, New Mexico  
Case No. 13134 Exhibit No. 10  
Submitted by:  
CONOCOPHILLIPS COMPANY  
Hearing Date: August 21, 2003

HOLLAND & HART LLP  
ATTORNEYS AT LAW

DENVER • ASPEN  
BOULDER • COLORADO SPRINGS  
DENVER TECH CENTER  
BILLINGS • BOISE  
CHEYENNE • JACKSON HOLE  
SALT LAKE CITY • SANTA FE  
WASHINGTON, D.C.

P.O. BOX 2208  
SANTA FE, NEW MEXICO 87504-2208  
110 NORTH GUADALUPE, SUITE 1  
SANTA FE, NEW MEXICO 87501-6525

TELEPHONE (505) 988-4421  
FACSIMILE (505) 983-6043

William F. Carr

wcarr@hollandhart.com

July 31, 2003

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**TO: ALL AFFECTED INTEREST OWNERS.**

Re: Application of ConocoPhillips Company for Approval of a Cooperative Lease Line Injection Agreement for an "Expanded Use Area" within the East Vacuum Grayburg-San Andres Unit Pressure Maintenance Project Area and Qualification of the Acreage within the "Expanded Use Area" for the Recovered Oil Tax Rate Pursuant to the New Mexico Enhanced Oil Recovery Act, Lea County, New Mexico.

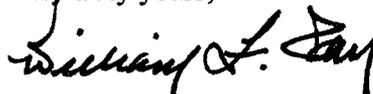
Ladies and Gentlemen:

Enclosed is a copy of the application of ConocoPhillips Company in the above-referenced case for approval of a Cooperative Lease Line Injection Agreement for carbon dioxide injection in an Expanded Use Area within the East Vacuum Grayburg-San Andres Unit Pressure maintenance project Area. ConocoPhillips also seeks to qualify the Expanded Use area for the Recovered Tax Rate authorized by the New Mexico Enhanced Oil Recovery Act.

This application has been set for hearing before a Division Examiner on August 21, 2003. You are not required to attend this hearing, but as an owner of the 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 three days in advance of a scheduled hearing 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 ConocoPhillips Company

Enclosure

**EXHIBIT A**

**APPLICATION OF CONOCOPHILLIPS COMPANY  
FOR APPROVAL OF A  
COOPERATIVE LEASE LINE INJECTION AGREEMENT FOR AN "EXPANDED USE  
AREA" WITHIN THE EAST VACUUM GRAYBURG-SAN ANDRES UNIT  
PRESSURE MAINTENANCE PROJECT AREA AND  
QUALIFICATION OF THE ACREAGE WITHIN THE "EXPANDED USE AREA"  
FOR THE RECOVERED OIL TAX RATE  
PURSUANT TO THE NEW MEXICO ENHANCED OIL RECOVERY ACT,  
LEA COUNTY, NEW MEXICO.**

**NOTICE LIST**

ARCO Permian (Production Reports Only)  
Attn: Randy Jindra  
PricewaterhouseCoopers  
509 South Boston  
Tulsa, Oklahoma 74103

AYCO Energy, L.L.C.  
16360 Park Ten Plaza, Suite 115  
Houston, Texas 77084

BP America Production Company  
Permian Basin Performance Unit (SENM)  
Post Office Box 3092  
Houston, Texas 77253-3092

Betelgeuse Petroleum  
Post Office Box  
Fredericksburg, Texas 78624

H. M. Bettis Inc.  
Post Office Box 1240  
Graham, Texas 76450

W. T. Boyle & Co.  
Post Office Box 57  
Graham, Texas 76450-0057

Madelon L. Bradshaw  
2120 Ridgemar Blvd., Suite 12  
Fort Worth, Texas 76116

John R. Bryant  
911 West Silver  
Hobbs, New Mexico 88240

Ann McBee Buell  
11241 Russwood Circle  
Dallas, Texas 75229

Bright Hawk/Burkard Venture  
c/o Bright Hawk Resources, Inc.  
Post Office Box 79790  
Houston, Texas 77279-9790

ChevronTexaco PBBU  
Attn: NOJV Manager  
15 Smith Road  
Midland, Texas 79705

Davoil, Inc.  
Post Office Box 122269  
Fort Worth, Texas 76121-2269

ENAQ, Inc.  
Post Office Box 73406  
Houston, Texas 77273-3406

ExxonMobil  
Attn: Greg Stoute  
Post Office Box 4707  
Houston, Texas 77210-4707

Frisco Energy LLC  
Attn: Butch Smith  
2431 East 51st Street  
Tulsa, Oklahoma 74105

Great Western Drilling Co.  
Attn: Joint Venture Group  
Post Office Box 1659  
Midland, Texas 79701

Larry O. Hulsey  
Post Office Box 1143  
Graham, Texas 76450

Boyd Laughlin Management Trust  
Marion Gardiner Miller Suc. Tr. Acct 20-0973-00,  
300 N. Marienfeld, Suite 102  
Midland, Texas 79701

The Josephine Laughlin Living Trust  
Josephine Laughlin, Trustee  
13505 McCall Court, N. E.  
Albuquerque, New Mexico 87123-1468

Martha Leonard Revocable Trust  
Bank One Texas, NA, Trustee  
Post Office Box 2605  
Fort Worth, Texas 76113-2605

Martha Leonard Trust 75-6356886  
Bank One Texas, NA, Trustee  
Post Office Box 2050  
Fort Worth, Texas 76113

Mary Leonard Children's Trust  
Bank One Texas, NA, Trustee  
Post Office Box 2605  
Fort Worth, Texas 76113-2605

Mary Leonard Children's Trust 75-6412990  
Bank One Texas, NA, Trustee  
Post Office Box 2050  
Fort Worth, Texas 76113

Miranda Leonard Revocable Trust  
Bank One Texas, NA, Trustee  
Post Office Box 2605  
Fort Worth, Texas 76113-2605

Miranda Leonard Trust 75-6356894  
Bank One Texas, NA, Trustee  
Post Office Box 2050  
Fort Worth, Texas 76113

T. W. Little Estate  
Attn: Belva Little  
2513 Boyd Avenue  
Fort Worth, Texas 76109

MVP Production Inc.  
2003 Diamond Blvd.  
Concord, California 94520

Magnum Hunter Production, Inc.  
Attn: Earl Krieg  
600 East Las Colinas Blvd., Suite 1100  
Irving, Texas 75039

Magnum Hunter Production, Inc.  
Attn: Land Department  
3500 William D. Tate Ave., Suite 200  
Grapevine, Texas 76051

Marathon Oil Company  
Attn: Joint Interest Manager  
Post Office Box 552  
Midland, Texas 79702

McBee Operating Company LLC  
3738 Oak Lawn LB 200  
Dallas, Texas 75219

William D. McBee, Jr.  
5942 Averill Way  
Dallas, Texas 75225

McRae Management  
Post Office Box 5401  
Midland, Texas 79704

OBO, Inc.  
c/o Lowell S. Dunn II  
Post Office Box 2577  
Hialeah, Florida 33012

OXY USA Inc.  
Attn: Joint Venture manager  
Post Office Box 50250  
Midland, Texas 79710

Davis Payne  
Post Office Box 1749  
Midland, Texas 79702

S. B. Street & Company  
Post Office Box 206  
Graham, Texas 76046

Patricia Penrose Schieffer, Test. Tr.  
Bank of America, N.A., Agent  
Post Office Box 2546  
Fort Worth, Texas 76113-2546

C. W. Seely  
815 West 10th Street  
Fort Worth, Texas 76102

Norman D. Stovall, Jr.  
Post Office Box 10  
Graham, Texas 76046

Texaco Exploration & Production Inc.  
2003 Diamond Blvd.  
Concord, California 94520-0000

Toreador Exploration and Production  
Attn: Ed Marhenka  
4809 Cole Avenue, Suite 108  
Dallas, Texas 75267

Turnco Inc.  
Post Office Box 1240  
Graham, Texas 76450-1240

Mary D. Fleming Walsh  
Attn: Gary F. Goble  
500 West Seventh St., Suite 1007  
Fort Worth, Texas 76102

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

OFFICIAL USE

|  |             |
|--|-------------|
| Postage  | \$ .83      |
| Certified Fee                                  | 2.30        |
| Return Receipt Fee (Endorsement Required)      | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |             |
| <b>Total Postage &amp; Fees</b>                | <b>4.88</b> |

SANTA FE, NM  
 JUL 31 2003  
 USPS 87

**Sent To** ARCO Permian  
 Attn: Randy Jindra  
 PricewaterhouseCoopers  
 509 South Boston  
 Tulsa, OK 74103

PS Form 3800, January 2001

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**ARCO Permian**  
**Attn: Randy Jindra**  
**PricewaterhouseCoopers**  
**509 South Boston**  
**Tulsa, OK 74103**

7001 1140 0002 5601 8912

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

**AYCO Energy, L.L.C.**  
**16360 Park Ten Plaza, # 115**  
**Houston, TX 77084**

2. 7001 1140 0002 5601 8929

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

**Betelgeuse Petroleum**  
**P.O. Box**  
**Fredericksburg, TX 78624**

2. 7001 1140 0002 5601 8943

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 8-5-03

C. Signature  
 X V. McCloud  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

|  |             |
|--|-------------|
| Postage  | \$ .83      |
| Certified Fee                                  | 2.30        |
| Return Receipt Fee (Endorsement Required)      | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |             |
| <b>Total Postage &amp; Fees</b>                | <b>4.88</b> |

SANTA FE, NM  
 JUL 31 2003  
 USPS 87

**Sent To** AYCO Energy, L.L.C  
 16360 Park Ten Plaza, # 115  
 Houston, TX 77084

PS Form 3800, January 2001

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Betelgeuse Petroleum**  
**P.O. Box**  
**Fredericksburg, TX 78624**

2. 7001 1140 0002 5601 8943

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery  
 D.L. Edwards 8/3/03

C. Signature  
 X D.L. Edwards  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL USE

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

SANTA FE NM  
Postmark Here  
USPS 87501

Sen **I. M. Bettis Inc.**  
Street or P.O. Box **P.O. Box 1240**  
City, State, ZIP+4<sup>®</sup> **Graham, TX 76450**

PS Form 3811, July 1999

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

A. Received by (Please Print Clearly) *Sandra Wiley* B. Date of Delivery **8/6/03**

C. Signature *Sandra Wiley*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
**H. M. Bettis Inc.**  
**P.O. Box 1240**  
**Graham, TX 76450**

2. **7001 1140 0002 5601 8967**

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

OFFICIAL USE

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

SANTA FE NM  
Postmark Here  
USPS 87501

Sen **W. T. Boyle & Co.**  
Street or P.O. Box **P.O. Box 57**  
City, State, ZIP+4<sup>®</sup> **Graham, TX 76450-0057**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL USE

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

SANTA FE NM  
Postmark Here  
USPS 87501

Sen **BP America Production Co.**  
Street or P.O. Box **P.O. Box 3092**  
City, State, ZIP+4<sup>®</sup> **Houston, TX 77253-3092**

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

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery **AUG - 5 2003**

C. Signature *[Signature]*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
**BP America Production Co.**  
**Permian Basin Performance Unit**  
**P.O. Box 3092**  
**Houston, TX 77253-3092**

2. **7001 1140 0002 5601 8936**

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

OFFICIAL RECEIPT

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | 0.83        |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |



**Madelon L. Bradshaw**  
2120 Ridgemar Blvd., # 12  
Fort Worth, TX 76116

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Madelon L. Bradshaw**  
2120 Ridgemar Blvd., # 12  
Fort Worth, TX 76116

2 7001 1140 0002 5601 8981

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 R. Bryant**  
911 West Silver  
Hobbs, NM 88240

2 7001 1140 0002 5601 8998

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 McBee Buell**  
11241 Russwood Circle  
Dallas, TX 75229

7001 1140 0002 5601 9001

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **TERESA MALONEY** B. Date of Delivery **8-4-03**
- C. Signature *Teresa Maloney*  Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

- A. Received by (Please Print Clearly) **John R Bryant** B. Date of Delivery **8-2-03**
- C. Signature *John R Bryant*  Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

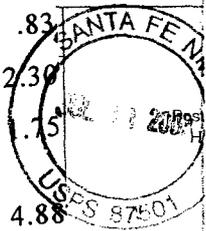
- A. Received by (Please Print Clearly) **Ann McBee Buell** B. Date of Delivery **AUG 07 2003**
- C. Signature *Ann McBee Buell*  Agent  Addressee
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

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

OFFICIAL RECEIPT

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | 0.83        |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |

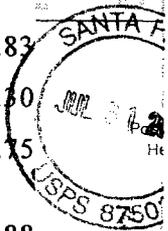


**John R. Bryant**  
911 West Silver  
Hobbs, NM 88240

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

OFFICIAL RECEIPT

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | 0.83        |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |

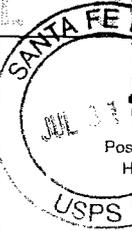


**Ann McBee Buell**  
11241 Russwood Circle  
Dallas, TX 75229

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

OFFICIAL USE

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 McBee Buell**  
**11241 Russwood Circle**  
**Dallas, TX 75229**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Ann McBee Buell B. Date of Delivery AUG 07 2003

C. Signature X Ann McBee Buell  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

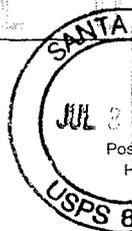
Article Number (Copy from service label)  
**7001 1140 0002 5601 9018**

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)*

OFFICIAL USE

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 PBBU**  
**Attn: NOJV Manager**  
**15 Smith Road**  
**Midland, TX 79705**

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

C. Signature X  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

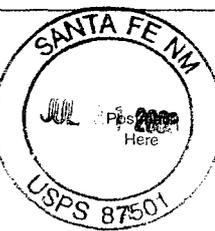
Article Number (Copy from service label)  
**7001 1140 0002 5601 9025**

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   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |



**NAQ, Inc.**  
**P.O. Box 73406**  
**Houston, TX 77273-3406**

Instructions

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

|  |           |      |
|--|-----------|------|
| Postage  | \$        | .83  |
| Certified Fee                                  |           | 2.30 |
| Return Receipt Fee (Endorsement Required)      |           | 1.75 |
| Restricted Delivery Fee (Endorsement Required) |           | 4.88 |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> |      |

**Davoil, Inc.**  
P.O. Box 122269  
Fort Worth, TX 76121-2269

PS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Davoil, Inc.**  
P.O. Box 122269  
Fort Worth, TX 76121-2269

2. **7001 1140 0002 5601 9032**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

**ExxonMobil**  
Attn: Greg Stoute  
P.O. Box 4707  
Houston, TX 77210-4707

2. **7001 1140 0002 5601 9056**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

**Frisco Energy LLC**  
Attn: Butch Smith  
2431 East 51st Street  
Tulsa, OK 74105

**7001 1140 0002 5601 9063**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature X *Karla Cornejo*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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  No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

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

C. Signature X *Kathy B. McEwen*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL MAIL

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

**Great Western Drilling Co.**  
**Attn: Joint Venture Group**  
**P.O. Box 1659**  
**Midland, TX 79701**

SANTA FE  
 JUL 10 1999  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Great Western Drilling Co.**  
**Attn: Joint Venture Group**  
**P.O. Box 1659**  
**Midland, TX 79701**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Bob Kelly* B. Date of Delivery *8/5/03*

C. Signature *Bob Kelly*  Agent  Addressee

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

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

3. Service Type

4. Restricted Delivery? (Extra Fee)  Yes

7001 1140 0002 5601 9070

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)

OFFICIAL MAIL

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

**Larry O. Hulsey**  
**P.O. Box 1143**  
**Graham, TX 76450**

SANTA FE  
 JUL 10 1999  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Larry O. Hulsey**  
**P.O. Box 1143**  
**Graham, TX 76450**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery *8/6/03*

C. Signature *Larry O. Hulsey*  Agent  Addressee

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

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

3. Service Type

4. Restricted Delivery? (Extra Fee)  Yes

2 7001 1140 0002 5601 9087

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)

OFFICIAL MAIL

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

**The J. Laughlin Living Trust**  
**Josephine Laughlin, Trustee**  
**13505 McCall Court, N. E.**  
**Albuquerque, NM 87123-1468**

SANTA FE  
 JUL 10 1999  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**The J. Laughlin Living Trust**  
**Josephine Laughlin, Trustee**  
**13505 McCall Court, N. E.**  
**Albuquerque, NM 87123-1468**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery *08-02-03*

C. Signature *Josephine Laughlin*  Agent  Addressee

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

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

3. Service Type

4. Restricted Delivery? (Extra Fee)  Yes

2 7001 1140 0002 5601 9100

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)**

OFFICIAL RECEIPT

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

**Boyd Laughlin Management Trust  
Marion Gardiner Miller Suc. Tr.  
Acct 20-0973-00,  
300 N. Marienfeld, # 102  
Midland, TX 79701**

SANTA FE  
JUL 31  
USPS

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Boyd Laughlin Management Trust  
Marion Gardiner Miller Suc. Tr.  
Acct 20-0973-00,  
300 N. Marienfeld, # 102  
Midland, TX 79701**

2. **7001 1140 0002 5601 9094**

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

- Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Leonard Children's Trust 75-6412990  
Bank One TX, NA, Trustee  
P.O. Box 2050  
Fort Worth, TX 76113**

2. **7001 1140 0002 5601 9148**

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

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

1. Article Addressed to:

**M. Leonard Revocable Trust  
Bank One TX, NA, Trustee  
P.O. Box 2605  
Fort Worth, TX 76113-2605**

2. **7001 1140 0002 5601 9117**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **N. Swelley** B. Date of Delivery **8-4-98**

C. Signature **N. Swelley**  Agent  Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL RECEIPT

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

**Leonard Children's Trust 75-6412990  
Bank One TX, NA, Trustee  
P.O. Box 2050  
Fort Worth, TX 76113**

SANTA FE  
JUL 31  
USPS 8750

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

OFFICIAL RECEIPT

|  |                |
|--|----------------|
| Postage  | \$ .83         |
| Certified Fee                                  | 2.30           |
| Return Receipt Fee (Endorsement Required)      | 1.75           |
| Restricted Delivery Fee (Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 4.88</b> |

**M. Leonard Revocable Trust  
Bank One TX, NA, Trustee  
P.O. Box 2605  
Fort Worth, TX 76113-2605**

SANTA FE  
JUL 31  
USPS

A. Received by (Please Print Clearly) **Lazarus Iron** B. Date of Delivery **AUG 4 2003**

C. Signature **[Signature]**  Agent  Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL USE**

Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.88

**M. Leonard Trust 75-6356886  
 Bank One TX, NA, Trustee  
 P.O. Box 2050  
 Fort Worth, TX 76113**

SAN ANTONIO, TX  
 JUL 27 2003  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**M. Leonard Trust 75-6356886  
 Bank One TX, NA, Trustee  
 P.O. Box 2050  
 Fort Worth, TX 76113**

2. Article **7001 1140 0002 5601 9124**

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

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

1. Article Addressed to:  
**Miranda Leonard Trust 75-6356894  
 Bank One TX, NA, Trustee  
 P.O. Box 2050  
 Fort Worth, TX 76113**

2. **7001 1140 0002 5601 9162**

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Lazarus Iroh** B. Date of Delivery **AUG 04 2003**  
 C. Signature *[Signature]*  Agent  Addressee  
**X** D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

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

**OFFICIAL USE**

Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.88

**Miranda Leonard Trust 75-6356894  
 Bank One TX, NA, Trustee  
 P.O. Box 2050  
 Fort Worth, TX 76113**

SAN ANTONIO, TX  
 JUL 31 2003  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**Miranda Leonard Trust 75-6356894  
 Bank One TX, NA, Trustee  
 P.O. Box 2050  
 Fort Worth, TX 76113**

2. **7001 1140 0002 5601 9162**

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

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Lazarus Iroh** B. Date of Delivery **AUG 04 2003**  
 C. Signature *[Signature]*  Agent  Addressee  
**X** D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

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

**OFFICIAL USE**

Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.88

**Miranda Leonard Revocable Trust  
 Bank One TX, NA, Trustee  
 P.O. Box 2605  
 Fort Worth, TX 76113-2605**

SANTA FE, NM  
 JUL 31 2003  
 USPS 87501

for instructions

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

|  |           |             |
|--|-----------|-------------|
| Postage  | \$        | .83         |
| Certified Fee                                  |           | 2.30        |
| Return Receipt Fee (Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> | <b>4.88</b> |



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 Leonard Children's Trust**  
**Bank One TX, NA, Trustee**  
**P.O. Box 2605**  
**Fort Worth, TX 76113-2605**

2. Article Identification Number: **7001 1140 0002 5601 9131**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**T. W. Little Estate**  
**Attn: Belva Little**  
**2513 Boyd Avenue**  
**Fort Worth, TX 76109**

2. Article Identification Number: **7001 1140 0002 5601 9179**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

**MAGNUM HUNTER PRODUCT**  
**Attn: Earl Krieg**  
**600 East Las Colinas Blvd., # 1100**  
**Irving, TX 75039**

2. Article Identification Number: **7001 1140 0002 5601 9193**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

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

**Lazarus Iron** **AUG 04 2003**

C. Signature:

X

*[Signature]*

Agent

Addressee

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

Yes

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

|  |           |             |
|--|-----------|-------------|
| Postage  | \$        | .83         |
| Certified Fee                                  |           | 2.30        |
| Return Receipt Fee (Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> | <b>4.88</b> |



**T. W. Little Estate**  
**Attn: Belva Little**  
**2513 Boyd Avenue**  
**Fort Worth, TX 76109**

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

|  |           |             |
|--|-----------|-------------|
| Postage  | \$        | .83         |
| Certified Fee                                  |           | 2.30        |
| Return Receipt Fee (Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> | <b>4.88</b> |



**MAGNUM HUNTER PROD.**  
**Attn: Earl Krieg**  
**600 East Las Colinas Blvd., # 1100**  
**Irving, TX 75039**

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

**Sandy Driskell** **8/4/03**

C. Signature:

X

*[Signature]*

Agent

Addressee

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

Yes

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

OFFICIAL

|  |         |
|--|---------|
| Postage  | \$ .83  |
| Certified Fee                                  | 2.30    |
| Return Receipt Fee (Endorsement Required)      | 1.75    |
| Restricted Delivery Fee (Endorsement Required) |         |
| Total Postage & Fees                           | \$ 4.88 |

**Magnum Hunter Production, Inc.**  
Attn: Land Department  
3500 William D. Tate Ave., # 200  
Grapevine, TX 76051

PS Form 3811, July 1999

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Magnum Hunter Production, Inc.**  
Attn: Land Department  
3500 William D. Tate Ave., # 200  
Grapevine, TX 76051

2. Article Number (GSN) **7001 1140 0002 5601 9209**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 Company**  
Attn: Joint Interest Manager  
P.O. Box 552  
Midland, TX 79702

2. Article Number (GSN) **7001 1140 0002 5601 9216**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

**McBee Operating Company LLC**  
3738 Oak Lawn LB 200  
Dallas, TX 75219

2. Article Number (GSN) **7001 1140 0002 5601 9223**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

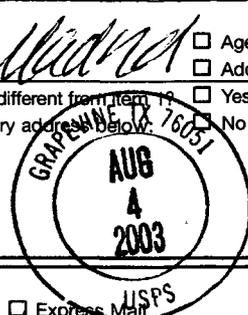
A. Received by (Please Print Clearly) **ADINA MADRID** B. Date of Delivery **8-4-03**

C. Signature: *Adina Madrid*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes



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

OFFICIAL

|  |         |
|--|---------|
| Postage  | \$ .83  |
| Certified Fee                                  | 2.30    |
| Return Receipt Fee (Endorsement Required)      | 1.75    |
| Restricted Delivery Fee (Endorsement Required) |         |
| Total Postage & Fees                           | \$ 4.88 |

**Marathon Oil Company**  
Attn: Joint Interest Manager  
P.O. Box 552  
Midland, TX 79702

PS Form 3811, July 1999

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 Company**  
Attn: Joint Interest Manager  
P.O. Box 552  
Midland, TX 79702

2. Article Number (GSN) **7001 1140 0002 5601 9216**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

1. Article Addressed to:

**McBee Operating Company LLC**  
3738 Oak Lawn LB 200  
Dallas, TX 75219

2. Article Number (GSN) **7001 1140 0002 5601 9223**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Shelly Watson** B. Date of Delivery **8/4/03**

C. Signature: *Shelly Watson*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL

|  |         |
|--|---------|
| Postage  | \$ .83  |
| Certified Fee                                  | 2.30    |
| Return Receipt Fee (Endorsement Required)      | 1.75    |
| Restricted Delivery Fee (Endorsement Required) |         |
| Total Postage & Fees                           | \$ 4.88 |

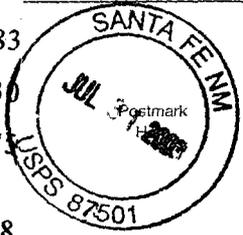
**McBee Operating Company LLC**  
3738 Oak Lawn LB 200  
Dallas, TX 75219

PS Form 3811, July 1999

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

OFFICIAL USE

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |



**William D. McBee, Jr.**  
**942 Averill Way**  
**Dallas, TX 75225**

for Instructions

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

OFFICIAL USE

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |



**McRae Management**  
**O. Box 5401**  
**Midland, TX 79704**

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**McRae Management**  
**P.O. Box 5401**  
**Midland, TX 79704**

2. **7001 1140 0002 5601 9247**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Claudia Nazario** B. Date of Delivery **8 5 03**

C. Signature **Claudia Nazario**  Agent  Addressee

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

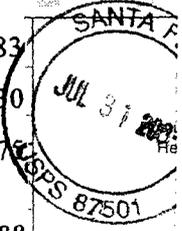
3. Service Type:  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |



**MVP Production Inc.**  
**2003 Diamond Blvd.**  
**Concord, CA 94520**

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

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

1. Article Addressed to:

**MVP Production Inc.**  
**2003 Diamond Blvd.**  
**Concord, CA 94520**

2. Article Number **7001 1140 0002 5601 9186**

AUG 12 2003

C. Signature **[Signature]**  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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)*

**OFFICIAL MAIL**

|  |           |             |
|--|-----------|-------------|
| Postage  | \$        | .83         |
| Certified Fee                                  |           | 2.30        |
| Return Receipt Fee (Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> | <b>4.88</b> |

**OBO, Inc.**  
 c/o Lowell S. Dunn II  
 P.O. Box 2577  
 Hialeah, FL 33012



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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.**  
**c/o Lowell S. Dunn II**  
**P.O. Box 2577**  
**Hialeah, FL 33012**

2. Article Number (Copy from previous label)  
**7001 1140 0002 5601 9254**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  
 X *DeLL Kaseal*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL MAIL**

|  |           |             |
|--|-----------|-------------|
| Postage  | \$        | .83         |
| Certified Fee                                  |           | 2.30        |
| Return Receipt Fee (Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> | <b>4.88</b> |

**OXY USA Inc.**  
 Attn: Joint Venture manager  
 P.O. Box 50250  
 Midland, TX 79710



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

1. Article Addressed to:

**OXY USA Inc.**  
**Attn: Joint Venture manager**  
**P.O. Box 50250**  
**Midland, TX 79710**

2. Article Number (Copy from previous label)  
**7001 1140 0002 5601 9261**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

C. Signature  
 X *Arnie Hernandez*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL MAIL**

|  |           |             |
|--|-----------|-------------|
| Postage  | \$        | .83         |
| Certified Fee                                  |           | 2.30        |
| Return Receipt Fee (Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee (Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                | <b>\$</b> | <b>4.88</b> |

**Davis Payne**  
 P.O. Box 1749  
 Midland, TX 79702



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

1. Article Addressed to:

**Davis Payne**  
**P.O. Box 1749**  
**Midland, TX 79702**

2. Article Number (Copy from previous label)  
**7001 1140 0002 5601 9278**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

C. Signature  
 X *Davis Payne*  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 4.88  
**Total Postage & Fees \$ 4.88**

**Patricia Penrose Scheiner, 1st. Tr.**  
**Bank of America, N.A., Agent**  
**P.O. Box 2546**  
**Fort Worth, TX 76113-2546**

SANTA FE  
 JUL 31 2003  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
**Patricia Penrose Scheiner, 1st. Tr.**  
**Bank of America, N.A., Agent**  
**P.O. Box 2546**  
**Fort Worth, TX 76113-2546**

2. **7001 1140 0002 5601 9292**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **G. Rascon** B. Date of Delivery **AUG 04 2003**  
 C. Signature **[Signature]**  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 4.88  
**Total Postage & Fees \$ 4.88**

**C. W. Seely**  
**815 West 10th Street**  
**Fort Worth, TX 76102**

SANTA FE  
 JUL 31 2003  
 USPS 87501

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

1. Article Addressed to:  
**C. W. Seely**  
**815 West 10th Street**  
**Fort Worth, TX 76102**

2. Art **7001 1140 0002 5601 9308**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required) 4.88  
**Total Postage & Fees \$ 4.88**

**Norman D. Stovall, Jr.**  
**P.O. Box 10**  
**Graham, TX 76046**

SANTA FE  
 JUL 31 2003  
 USPS 87501

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

1. Article Addressed to:  
**Norman D. Stovall, Jr.**  
**P.O. Box 10**  
**Graham, TX 76046**

2. **7001 1140 0002 5601 9315**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) **Brenda Shepherd** B. Date of Delivery **8/18/03**  
 C. Signature **[Signature]**  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL MAIL

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |

JUL 31 1999  
USPS 8750

**S. B. Street & Company  
P.O. Box 206  
Graham, TX 76046**

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**S. B. Street & Company  
P.O. Box 206  
Graham, TX 76046**

2. Article No.

**7001 1140 0002 5601 9285**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M

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

1. Article Addressed to:

**Texaco Exploration & Production  
2003 Diamond Blvd.  
Concord, CA 94520-0000**

2. Article Number (Copy from back of mailpiece)

**7001 1140 0002 5601 9322**

PS Form 3811, July 1999

Domestic Return Receipt

1025

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

1. Article Addressed to:

**Toreador Exploration and Prod.  
Attn: Ed Marhenka  
4809 Cole Avenue, # 108  
Dallas, TX 75267**

**7001 1140 0002 5601 9337**

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

C. Signature

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

C. Signature

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL MAIL

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |

JUL 31 1999  
USPS 8750

**Texaco Exploration & Production  
2003 Diamond Blvd.  
Concord, CA 94520-0000**

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

OFFICIAL MAIL

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |

JUL 31 1999  
USPS 8750

**Toreador Exploration and Prod.  
Attn: Ed Marhenka  
4809 Cole Avenue, # 108  
Dallas, TX 75267**

2326 1095 2000 0411 1007

2326 1095 2000 0411 1007

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

OFFICIAL USE

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |

Se  
**Turnco Inc.**  
 P.O. Box 1240  
 Graham, TX 76450-1240

SA  
 JUL 31  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Turnco Inc.**  
**P.O. Box 1240**  
**Graham, TX 76450-1240**

2. **7001 1140 0002 5601 9346**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Sandra Wiley* B. Date of Delivery *8/6/99*

C. Signature *Sandra Wiley*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-09

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

OFFICIAL USE

|   |           |             |
|---|-----------|-------------|
| Postage   | \$        | .83         |
| Certified Fee                                     |           | 2.30        |
| Return Receipt Fee<br>(Endorsement Required)      |           | 1.75        |
| Restricted Delivery Fee<br>(Endorsement Required) |           |             |
| <b>Total Postage &amp; Fees</b>                   | <b>\$</b> | <b>4.88</b> |

Mary D. Fleming Walsh  
 Attn: Gary F. Goble  
 500 West Seventh St., # 1007  
 Fort Worth, TX 76102

SA  
 JUL 31  
 USPS 87501

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return 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 D. Fleming Walsh**  
**Attn: Gary F. Goble**  
**500 West Seventh St., # 1007**  
**Fort Worth, TX 76102**

2. Article Number: **7001 1140 0002 5601 9353**

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *Gary F. Goble*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-09