

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

APPLICATION OF EAGLE RESOURCES, L.P. FOR  
COMPULSORY POOLING AND AN UNORTHODOX  
GAS WELL LOCATION, ROOSEVELT COUNTY,  
NEW MEXICO.

CASE NO. 13176

AFFIDAVIT

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

William F. Carr, attorney in fact and authorized representative of Eagle Resources, L.P., 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 10 day of October 2003.

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

My Commission Expires:  
January 14, 2007



OFFICIAL SEAL  
LISAMARIE ORTIZ  
NOTARY PUBLIC-STATE OF NEW MEXICO  
My commission expires 1/14/07

3139025\_1.DOC

BEFORE THE COMMISSION  
Santa Fe, New Mexico  
Case No. 13176 Exhibit No. 4  
Submitted by:  
EAGLE RESOURCES, L.P.  
Hearing Date: October 23, 2003

**EXHIBIT A**

**APPLICATION OF EAGLE RESOURCES, L.P.  
FOR COMPULSORY POOLING AND AN UNORTHODOX GAS WELL LOCATION,  
N/2, SECTION 34, TOWNSHIP 2 SOUTH, RANGE 29 EAST, NMPM,  
ROOSEVELT COUNTY, NEW MEXICO.**

**NOTIFICATION LIST**

B. W. Webb  
5101 CR 176  
Burkett, TX 76828

Texaco Exploration and Production, Inc.  
c/o Mike Mullins  
Chevron Texaco Corp.  
P. O. Box 1150  
Midland, Texas 79702-1150

Marshall Pipe & Supply Co.  
c/o Virginia Lee Johnson  
908 E. Highway 82  
Nocona, TX 76255

Progressive Minerals, Inc.  
2720 Stemmons Freeway, Suite 700  
Dallas, TX 75207

Carl Hatch Professorship of Law  
and Public Administration  
c/o Regents, University of New Mexico  
Room 260, Scholes Hall  
Albuquerque, NM 87131

Harriett H. Trapani  
80 Kirkland Street  
Cambridge, MA 02138-2033

Carl F. Hatch  
1616 So. Monroe  
San Angelo, TX 76901

Frederika A. Leet  
113 Walnut Tree Hill Road  
Sandy Hook, CT 06482-1007

Glenn F. Leet, Jr.  
#2 Briar Oak Drive  
Weston, CT 06883

Carla L. Hardy  
11927 Dunlap  
Houston, TX 77035-4131

Victoria Hatch  
1306 Ridgecrest Drive, SE  
Albuquerque, NM 87108

Jeannie Hatch Hutchison  
3500 East Enfield Road  
Austin, TX 78703

Eva Edwards  
c/o David McCay  
2017 Sherwood Avenue  
Modesto, CA 95350

Bill Spann  
c/o James C. Spann  
1624 NW 43<sup>rd</sup> Street  
Oklahoma City, OK 73118

Lucille Andrews  
c/o Mrs. Robert Burnett  
P. O. Box 94  
Abernathy, TX 79311

Grace Stamper  
c/o C.D. Stamper  
922 Meadowbrook Drive  
Jacksonville, TX 75766

Ivan Crouse  
c/o Dalton Crouse  
1728 Grimes Avenue  
Modesto, CA 95358

Estate of Lewis E. Mac Naughton  
c/o Dickson and Associates  
17103 Preston Road LB 112  
Suite 185  
Dallas, Texas 75248

Elnora Floyd  
c/o Mrs. Robert Burnett  
P. O. Box 94  
Abernathy, TX 79311

Frances Watson  
c/o Rodney P. Watson  
18648 Road 3.5 SE  
Warden, WA 98857-8759

Mayhaw, L.L.C.  
Attention A. Hardcastle, Jr.  
6440 North Central Expressway  
Suite 215  
Dallas, Texas 75202

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

OFFICIAL U

49148.0001 WFC Postage	\$ .83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Sent To **Lucille Andrews**  
 c/o Mrs. Robert Burnett  
 P. O. Box 94  
 Abernathy, TX 79311

PS Form 3800, 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:

Lucille Andrews  
 c/o Mrs. Robert Burnett  
 P. O. Box 94  
 Abernathy, TX 79311

2. Article Number (Copy from)

7001 1140 0002 5602 0106

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:

Carl Hatch Professorship of Law  
 and Public Administration  
 c/o Regents, University of New  
 Mexico  
 Room 260, Scholes Hall  
 Albuquerque, NM 87131

2. Article Number (Copy from)

7001 1140 0002 5601 8622

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:

Ivan Crouse  
 c/o Dalton Crouse  
 1728 Grimes Avenue  
 Modesto, CA 95358

2. Article Number (Copy from serv)

7001 1140 0002 5602 0144

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

10-6-03

C. Signature

*Jeannie Burnett*  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 U

49148.0001 WFC Postage	\$ .83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Sent To **Carl Hatch Professorship of  
 and Public Administration**  
 c/o Regents, University of  
 Mexico  
 Room 260, Scholes Hall  
 Albuquerque, NM 87131

PS Form 3800, July 1999

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

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

OFFICIAL U

49148.0001 WFC Postage	\$ .83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88

Sent To **Ivan Crouse**  
 c/o Dalton Crouse  
 1728 Grimes Avenue  
 Modesto, CA 95358

PS Form 3800, July 1999

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

DALTON W CROUSE 10/29/03

C. Signature

*X Dalton Crouse*  Agent  
 Addressee

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

3. Service Type

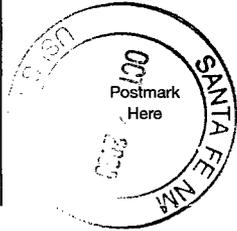
Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL USE

49148.0001 WFC	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>



**MAIL RETURNED**

Sent To  Eva Edwards  
 c/o David McCay  
 Street, Apt. No. or PO Box No. 2017 Sherwood Avenue  
 City, State, ZIP Modesto, CA 95350

PS Form 3800

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

OFFICIAL USE

49148.0001 WFC	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>



Sent To  Elnora Floyd  
 c/o Mrs. Robert Burnett  
 Street, Apt. No.; or PO Box No. P. O. Box 94  
 City, State, ZIP+4 Abernathy, TX 79311

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:

Elnora Floyd  
 c/o Mrs. Robert Burnett  
 P. O. Box 94  
 Abernathy, TX 79311

2. Article Number (Copy from serv

7001 1140 0002 5602 0113

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

10-6-03

C. Signature

*Debbie Burnett*  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

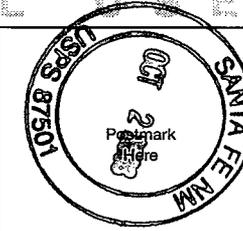
Domestic Return Receipt

102595-00-M-0952

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

OFFICIAL USE

49148.0001 WFC	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>



Sent To  Carla L. Hardy  
 11927 Dunlap  
 Street, Apt. N or PO Box No. Houston, TX 77035-4131  
 City, State, ZIP

PS Form 3800

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

OFFICIAL MAIL

49148.0001 WFC	Postage	\$ .83
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



Sent To  
 Carl F. Hatch  
 1616 So. Monroe  
 San Angelo, TX 76901

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

City, State, ZIP+ 4

PS Form 3800, 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:

Carl F. Hatch  
 1616 So. Monroe  
 San Angelo, TX 76901

2. Article Number (Copy from)

7001 1140 0002 5602 0021

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

County Hatch 10-

C. Signature

X [Signature]  Agent  Addressee

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

3. Service Type

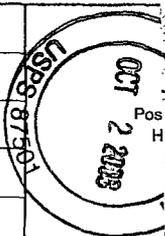
- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

OFFICIAL MAIL

49148.0001 WFC	Postage	\$ .83
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



Sent To  
 Victoria Hatch  
 1306 Ridgecrest Drive, SE  
 Albuquerque, NM 87108

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

City, State, ZIP+

PS Form 3800, 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:

Victoria Hatch  
 1306 Ridgecrest Drive, SE  
 Albuquerque, NM 87108

2. Article Number (Copy from)

7001 1140 0002 5602 0069

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

49148.0001 WFC	Postage	\$ .83
	Certified Fee	2.30
	Return Receipt Fee (Endorsement Required)	1.75
	Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees	\$ 4.88



Sent To  
 Jeannie Hatch Hutchison  
 3500 East Enfield Road  
 Austin, TX 78703

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

City, State, ZIP+ 4

PS Form 3800, 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:

Jeannie Hatch Hutchison  
 3500 East Enfield Road  
 Austin, TX 78703

2. Article Number (Copy from)

7001 1140 0002 5602 0076

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

Jeannie Hatch Hutchison 10-11-03

C. Signature

X [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 Provided)**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

OFFICIAL USE

49148.0001 WFC 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>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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) Frederika Leet B. Date of Delivery 10-6-00

C. Signature Frederika Leet  Agent  Addressee

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

Sent To Frederika A. Leet  
113 Walnut Tree Hill Road  
Sandy Hook, CT 06482-1007

Frederika A. Leet  
113 Walnut Tree Hill Road  
Sandy Hook, CT 06482-1007

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:

2. Article Number (Copy from)

7001 1140 0002 5602 0038

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

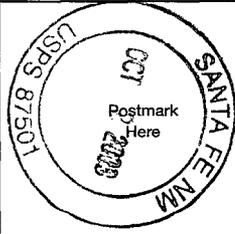
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OFFICIAL USE

49148.0001 WFC 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>



MAIL Returned

Sent To Glenn F. Leet, Jr.  
#2 Briar Oak Drive  
Weston, CT 06883

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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

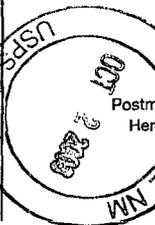
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) B. Date of Delivery 10-6

C. Signature [Signature]  Agent  Addressee

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

49148.0001 WFC 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>



1. Article Addressed to:

Progressive Minerals, Inc.  
2720 Stemmons Freeway, Suite 700  
Dallas, TX 75207

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

4. Restricted Delivery? (Extra Fee)  Yes

Sent To Progressive Minerals, Inc.  
2720 Stemmons Freeway, Suite 700  
Dallas, TX 75207

2. Article Number (Copy from)

7001 1140 0002 5601 8615

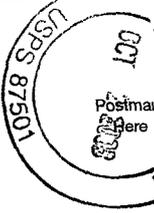
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

49148.0001 WFC 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>



**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:

Harriett H. Trapani  
 80 Kirkland Street  
 Cambridge, MA 02138-2033

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *Harriett Trapani*  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

Sent To **Harriett H. Trapani**  
 Street, Apt. No., or PO Box No. **80 Kirkland Street**  
 City, State, ZIP+ **Cambridge, MA 02138-2033**

2. Article Number (Copy from \_\_\_\_\_) **7001 1140 0002 5602 0014**

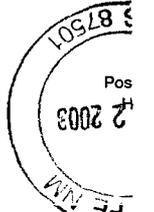
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-091

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

49148.0001 WFC 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>



**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 Pipe & Supply Co.  
 c/o Virginia Lee Johnson  
 908 E. Highway 82  
 Nocona, TX 76255

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *V L Johnson* B. Date of Delivery *10-08-03*

C. Signature *V L Johnson*  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

Sent To **Marshall Pipe & Supply Co.**  
 Street, Apt. No., or PO Box No. **c/o Virginia Lee Johnson**  
 City, State, ZIP+ **908 E. Highway 82**  
**Nocona, TX 76255**

2. Article Number (Copy from service label) **7001 1140 0002 5601 8608**

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)

49148.0001 WFC 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>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

Mayhaw, L.L.C.  
 Attention A. Hardcastle, Jr.  
 6440 North Central Expressway  
 Suite 215  
 Dallas, Texas 75202

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery *10-6-03*

C. Signature *Berry S. Call*  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

Sent To **Mayhaw, L.L.C.**  
 Street, Apt. No., or PO Box No. **Attention A. Hardcastle, Jr.**  
 City, State, ZIP+ **6440 North Central Express**  
**Suite 215**  
**Dallas, Texas 75202**

2. Article Number (Copy from \_\_\_\_\_) **7001 1140 0002 5602 0151**

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)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL USE**

49148.0001 WFC 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>



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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) \_\_\_\_\_ B. Date of Delivery 10-6-03

C. Signature X [Signature]  Agent  Addressee

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

Sent To Estate of Lewis E. Mac Naughton  
 c/o Dickson and Associates  
 17103 Preston Road LB 111  
 Suite 185  
 Dallas, Texas 75248

1. Article Addressed to:

Estate of Lewis E. Mac Naughton  
 c/o Dickson and Associates  
 17103 Preston Road LB 112  
 Suite 185  
 Dallas, Texas 75248

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 3800

2. Article Number (Copy from sender) 7001 1140 0002 5602 0168

PS Form 3811, July 1999

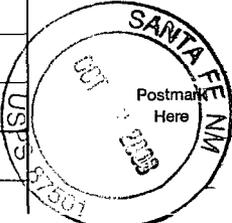
Domestic Return Receipt

102595-00-M-0952

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

**OFFICIAL USE**

49148.0001 WFC 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>



**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Sent To Bill Spann  
 c/o James C. Spann  
 1624 NW 43<sup>rd</sup> Street  
 Oklahoma City, OK 73118

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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) C.D. Stamper B. Date of Delivery 10-6-03

C. Signature X [Signature]  Agent  Addressee

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

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

1. Article Addressed to:

Grace Stamper  
 c/o C.D. Stamper  
 922 Meadowbrook Drive  
 Jacksonville, TX 75766

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 3800, Ja

2. Article Number (Copy from sender) 7001 1140 0002 5602 0120

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**

49148.0001 WFC 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>



Sent To Grace Stamper  
 c/o C.D. Stamper  
 922 Meadowbrook Drive  
 Jacksonville, TX 75766

PS Form 3800

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL USE**

49148.0001  
 WFC  
 Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.88

**Sent To** Texaco Exploration and Production Inc.  
 c/o Mike Mullins  
 Chevron Texaco Corp.  
 P. O. Box 1150  
 Midland, Texas 79702-1150

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

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 and Production, Inc.  
 c/o Mike Mullins  
 Chevron Texaco Corp.  
 P. O. Box 1150  
 Midland, Texas 79702-1150

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]* 10/9/03  
 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 5601 8592

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

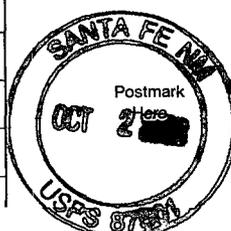
**OFFICIAL USE**

49148.0001  
 WFC  
 Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.88

**Sent To** Frances Watson  
 c/o Rodney P. Watson  
 18648 Road 3.5 SE  
 Warden, WA 98857-8759

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

PS Form 3800



**MAIL RETURNED**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

**OFFICIAL USE**

49148.0001  
 WFC  
 Postage \$ .83  
 Certified Fee 2.30  
 Return Receipt Fee (Endorsement Required) 1.75  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 4.88

**Sent To** B. W. Webb  
 5101 CR 176  
 Burkett, TX 76828

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

PS Form 3800

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

B. W. Webb  
 5101 CR 176  
 Burkett, TX 76828

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *Wayne Webb* 10/10-03  
 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 5601 8400