



## Exhibit A

### Parties Notified for Purposes of Pooling:

Wagner & Brown, Ltd.  
P.O. Box 1714  
Midland, TX 79702

John T. Barnard  
528 W. 111<sup>th</sup> St., #36  
New York, NY 10025

Anderson Carter, II  
Anderson Carter Trust  
P.O. Box 7190  
Ruidoso, NM 88355

Stuart Carter  
HCR3, Box 1515A  
Willcox, AZ 85643-9739

Rodney Carter  
5977 Willowcross Way  
Plano, TX 75093

Charles & Beverly Overton  
P.O. Box 32  
Yeso, NM 88126

Powhatan Carter, III  
Box 516  
Ft. Sumner, NM 88119

Milton W. & Pat Deason  
1600 E. 19<sup>th</sup> St., Suite 101  
Edmond, OK 73034

Glenda Miller  
1227 South 131 East Ave.  
Tulsa, OK 74108

William R. Barnard  
P.O. Box 270  
Wichita Falls, TX 76307

Betty Petty Nelson  
2119 Forest Oaks  
Houston, TX 77017

Kenneth Ray Vaught, Jr.  
Karey R. Vaught  
18703 Palm Beach Blvd.  
Montgomery, TX 77356

Edward A. Elkan, III  
6808 Los Prados Rd, NW  
Albuquerque, NM 87114

Jason Elkan  
6599 E. Thomas, Apt. 2031  
Scottsdale, AZ 85252

Marsha Ann Beverly  
2204 Briar Oak  
Bryan, TX 77802

Maralee J. Lowe  
26330 Naumann Avenue  
Homeland, CA 92548

Cassius Carter  
1320 W. Elliot Rd., #103-197  
Tempe, AZ 85284

Pennie Woodruff  
337 Bransom  
Roanoke, TX 76262

Dale Dickson  
10304 Longleaf Place  
Las Vegas, NV 89134

Doyle Dickson  
Rt. 2, Box 127  
Miles, TX 76861

Richard Dickson  
408 Star Street  
Hereford, TX 79045

Leonard D. & Jerry B. Witcher  
Heirs of Maxine Witcher, dec.  
1560 Santa Monica Ave.  
San Jose, CA 95118-1073

Robert E. & Marila L. Harmon  
Trustees, Harmon Trust  
7022 Davis St.  
Alexandria, VA 22306

Elizabeth B. Lauer, Trustee  
Wells Fargo Bank, NA  
Alston Elkan Trust  
Clara Irene Elkan Trust  
Adriana Isabel Elkan Trust  
P.O. Box 5383  
Denver, CO 80217-5383

Milton W. & Pat Deason  
1600 E. 19<sup>th</sup> St., Suite 101  
Edmond, OK 73034

Maralee J. Lowe  
26330 Naumann Avenue  
Homeland, CA 92548

Elizabeth B. Lauer, Trustee  
Wells Fargo Bank, NA  
Alston Elkan Trust  
Clara Irene Elkan Trust  
Adriana Isabel Elkan Trust  
P.O. Box 5383  
Denver, CO 80217-5383

Shannon Barnard Klatt  
P.O. Box 215  
West Yellowstone, MT 59716

Charles M. Barnard  
807 8<sup>th</sup> Street, Suite 707  
Wichita Falls, TX 76301

Shannon Palmquist  
12116 Wander Lane  
Austin, TX 78750

Jones Robinson, Ltd.  
P.O. Box 2645  
Roswell, NM 88202

**Parties Notified for Purposes of Unorthodox Well Location:**

Chevron USA, Inc.  
c/o Chevron Texaco  
15 Smith Road  
Midland, TX 79705'

Union Oil Company of Calif.  
P.O. Box 3100  
Midland, TX 79702

HOLLAND & HART



**Michael H. Feldewert**

Recognized Specialist in the Area of  
Natural Resources - oil and gas law -  
New Mexico Board of Legal Specialization

mfeldewert@hollandhart.com  
44519-0005

November 25, 2003

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

TO ALL INTEREST OWNERS

Re: Application of Yates Petroleum Corporation for Compulsory Pooling and  
Approval of an Unorthodox Gas Well Location, Lea County, New Mexico

Dear Interest Owners:

This letter is to advise you that Yates Petroleum Corporation has filed the enclosed application with the New Mexico Oil Conservation Division. This application has been set for hearing before a Division Examiner on December 18, 2003. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases are required by Division Rule 1208.B to file a Prehearing Statement three days in advance of a scheduled hearing. 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.

Sincerely,

Michael H. Feldewert

Holland & Hart, LLP

Attorneys for Yates Petroleum Corporation

MHF/jlp  
Enclosure

3162371\_1.DOC

Holland & Hart LLP Attorneys at Law

Phone (505) 988-4421 Fax (505) 983-6043 [www.hollandhart.com](http://www.hollandhart.com)

Jefferson Place 110 North Guadalupe Suite 1 Santa Fe, New Mexico 87501 Mailing Address: P.O. Box 2208 Santa Fe, New Mexico 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C.

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

**OFFICIAL MAIL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>



**Sent To**  
 Charles M. Barnard  
 807 8<sup>th</sup> Street, Suite 707  
 Wichita Falls, TX 76301

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
 Charles M. Barnard  
 807 8<sup>th</sup> Street, Suite 707  
 Wichita Falls, TX 76301

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Charles M. Barnard* B. Date of Delivery *12-1-99*

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

2. Article Number (Copy from service label)

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

**OFFICIAL MAIL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>



**Sent To**  
 John T. Barnard  
 528 W. 111<sup>th</sup> St., #36  
 New York, NY 10025

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 John T. Barnard  
 528 W. 111<sup>th</sup> St., #36  
 New York, NY 10025

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery *12-1-03*

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

2. **7001 1140 0002 5601 9438**

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

**OFFICIAL MAIL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>



**Sent To**  
 William R. Barnard  
 P.O. Box 270  
 Wichita Falls, TX 76307

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
  
 William R. Barnard  
 P.O. Box 270  
 Wichita Falls, TX 76307

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *D. Cox* B. Date of Delivery *DEC - 1 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.

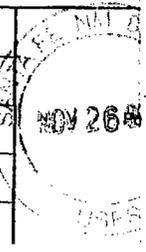
4. Restricted Delivery? (Extra Fee)  Yes

2. **7001 1140 0002 5601 6291**

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

**OFFICIAL MAIL**

Postage \$ 60  
 Certified Fee 230  
 Return Receipt Fee (Endorsement Required) 175  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 465



Marsha Ann Beverly  
 2204 Briar Oak  
 Bryan, TX 77802

**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:

Marsha Ann Beverly  
 2204 Briar Oak  
 Bryan, TX 77802

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Marsha Beverly* B. Date of Delivery *12-6-00*

C. Signature *Marsha Beverly*  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

7001 1140 0002 5602 0632

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0

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

**OFFICIAL MAIL**

Postage \$ 60  
 Certified Fee 230  
 Return Receipt Fee (Endorsement Required) 175  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 465



Sent 7 Anderson Carter, II  
 Anderson Carter Trust  
 P.O. Box 7190  
 Ruidoso, NM 88355

PS Form

- 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:

Anderson Carter, II  
 Anderson Carter Trust  
 P.O. Box 7190  
 Ruidoso, NM 88355

A. Received by (Please Print Clearly) *Anderson Carter* B. Date of Delivery *12-2-00*

C. Signature *Anderson Carter*  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

2. 7001 1140 0002 5601 9445

PS Form 3811, July 1999

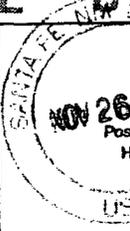
Domestic Return Receipt

102595-00-M-0952

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

**OFFICIAL MAIL**

Postage \$ 60  
 Certified Fee 230  
 Return Receipt Fee (Endorsement Required) 175  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 465



Cassius Carter  
 1320 W. Elliot Rd., #103-197  
 Tempe, AZ 85284

**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:

Cassius Carter  
 1320 W. Elliot Rd., #103-197  
 Tempe, AZ 85284

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Carol Carter* B. Date of Delivery *12-09-00*

C. Signature *Carol Carter*  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

7001 1140 0002 5602 0663

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)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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 \_\_\_\_\_

C. Signature  
 X *Powhatan Carter*  Agent  Addressee

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

1. Article Addressed to:

Powhatan Carter, III  
 Box 516  
 Ft. Sumner, NM 88119

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 9483

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**OFFICIAL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>

Sent to  
 Powhatan Carter, III  
 Box 516  
 Ft. Sumner, NM 88119

PS Form

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

**SENDER: COMPLETE THIS SECTION**

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- 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 \_\_\_\_\_

C. Signature  
 X *Rodney Carter*  Agent  Addressee

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

1. Article Addressed to:

Rodney Carter  
 5977 Willowcross Way  
 Plano, TX 75093

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 9469

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**OFFICIAL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>

Sent to  
 Rodney Carter  
 5977 Willowcross Way  
 Plano, TX 75093

PS Form

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

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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 \_\_\_\_\_

C. Signature  
 X *Stuart Carter*  Agent  Addressee

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

1. Article Addressed to:

Stuart Carter  
 HCR3, Box 1515A  
 Willcox, AZ 85643-9739

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 9452

PS Form 3811, July 1999

Domestic Return Receipt

**OFFICIAL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>

Sent to  
 Stuart Carter  
 HCR3, Box 1515A  
 Willcox, AZ 85643-9739

PS Form

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

**SENDER: COMPLETE THIS SECTION**

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- 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 12-5-03

C. Signature  
 X [Signature]  Agent  Addressee

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

1. Article Addressed to:  
 Chevron USA, Inc.  
 c/o Chevron Texaco  
 15 Smith Road  
 Midland, TX 79705

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

4. Restricted Delivery? (Extra Fee)  Yes

7001 1140 0002 5601 9414

**OFFICIAL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 465

Chevron USA, Inc.  
 c/o Chevron Texaco  
 15 Smith Road  
 Midland, TX 79705

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Patsy R. Beyon B. Date of Delivery 12-2-03

C. Signature  
 X [Signature]  Agent  Addressee

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

1. Article Addressed to:  
 Milton W. & Pat Deason  
 1600 E. 19<sup>th</sup> St., Suite 101  
 Edmond, OK 73034

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 cancelling label)  
 7001 1140 0002 5601 9490

**OFFICIAL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 465

Milton W. & Pat Deason  
 1600 E. 19<sup>th</sup> St., Suite 101  
 Edmond, OK 73034

PS

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

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

C. Signature  
 X [Signature]  Agent  Addressee

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

1. Article Addressed to:  
 Dale Dickson  
 10304 Longleaf Place  
 Las Vegas, NV 89134

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 cancelling label)  
 7001 1140 0002 5602 0687

**OFFICIAL**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 465

Dale Dickson  
 10304 Longleaf Place  
 Las Vegas, NV 89134

PS

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Doyle Dickson B. Date of Delivery 12/3/0

**OFFICIAL U**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>465</b>

Doyle Dickson  
 Rt. 2, Box 127  
 Miles, TX 76861

1. Article Addressed to:  
 Doyle Dickson  
 Rt. 2, Box 127  
 Miles, TX 76861

C. Signature  Doyle Dickson  Agent  Address

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No  
9402 Hudson Rd  
Miles TX 76861

2. Article Number (Copy from service label)  
 7001 1140 0002 5602 0694

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**  
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- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Carley Lassiter B. Date of Delivery 11-29-03

**OFFICIAL U**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>465</b>

Richard Dickson  
 408 Star Street  
 Hereford, TX 79045

1. Article Addressed to:  
 Richard Dickson  
 408 Star Street  
 Hereford, TX 79045

C. Signature  Carley Lassiter  Agent  Address

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

2. Article Number (Copy from service label)  
 7001 1140 0002 5602 0724

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

**OFFICIAL U**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>465</b>

Edward A. Elkan, III  
 6808 Los Prados Rd, NW  
 Albuquerque, NM 87114

1. Article Addressed to:  
 Edward A. Elkan, III  
 6808 Los Prados Rd, NW  
 Albuquerque, NM 87114

C. Signature  \_\_\_\_\_  Agent  Addressee

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

2. Article Number (Copy from service label)  
 7001 1140 0002 5601 6338

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	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>



RETURNED  
 WITH NEW ADDRESS -  
 RESENT 12/8/03

Jason Elkan  
 6599 E. Thomas, Apt. 2031  
 Scottsdale, AZ 85252

For instructions.

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

**OFFICIAL USE**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</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:

Robert E. & Marila L. Harmon  
 Trustees, Harmon Trust  
 022 Davis St.  
 Alexandria, VA 22306

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	11-29-03
<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Agent
<input type="checkbox"/> Addressee	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

7001 1140 0002 5602 0786

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

**OFFICIAL USE**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</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:

Shannon Barnard Klatt  
 P.O. Box 215  
 West Yellowstone, MT 59716

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
Kristina Graham	12/3/03
C. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> Addressee	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

7001 1140 0002 5601 6246

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

**OFFICIAL USE**

Postage	\$ .60
Certified Fee	2.33
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.65</b>



Sent To  
**JASON ELKAN**

Street, Apt. No.,  
or PO Box No. **7811 E. ROWLEY AVE**

City, State, ZIP+4  
**SCOTTSDALE AZ 85250**

**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:

**JASON ELKAN**  
**7811 E. ROWLEY AVE.**  
**SCOTTSDALE, AZ**  
**85250-4727**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **12/10/05**

C. Signature **X** \_\_\_\_\_  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7001 1140 0002 5602 0793

7001 1140 0002 5602 0793

3.  
v is

7001 1140 0002 5602 0755

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

**OFFICIAL USE**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>

Elizabeth B. Lauer, Trustee  
Wells Fargo Bank, NA  
Elkan Trust  
P.O. Box 5383  
Denver, CO 80217-5383

**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:

Elizabeth B. Lauer, Trustee  
Wells Fargo Bank, NA  
Elkan Trust  
P.O. Box 5383  
Denver, CO 80217-5383

7001 1140 0002 5602 0755

PS Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

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

Maximir Gelfand  
C. Signature

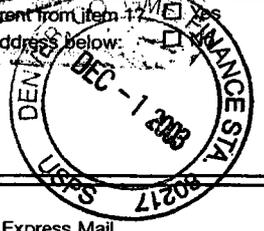
Agent  Addressee

D. Is delivery address different from item 1?  Yes  
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



9590 2025 5602 0000 2000 1140 0002 0656

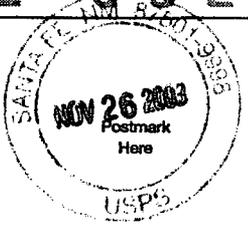
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>

Maralee J. Lowe  
26330 Naumann Avenue  
Homeland, CA 92548

or Instructions



**RETURNED**

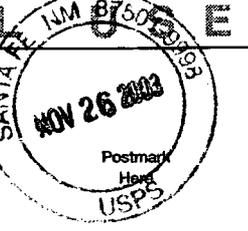
1001 1140 0002 5601 6284

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

**OFFICIAL USE**

Postage	\$ 60
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 465</b>

Sent Glenda Miller  
Street 1227 South 131 East Ave.  
City, State or PC Tulsa, OK 74108



**RETURNED**

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

**OFFICIAL U**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	465



Betty Petty Nelson  
2119 Forest Oaks  
Houston, TX 77017

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Betty Petty Nelson  
2119 Forest Oaks  
Houston, TX 77017

2. Article Number (Copy from service label)  
7001 1140 0002 5601 6307

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X Betty L. Nelson  Agent  
 Addressed  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

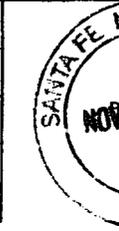
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

**OFFICIAL U**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	465



Charles & Beverly Overton  
P.O. Box 32  
Yeso, NM 88126

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Charles & Beverly Overton  
P.O. Box 32  
Yeso, NM 88126

2. Article Number (Copy from service label)  
01 1140 0002 5601 9476

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

Ronnie Merritt YES  
C. Signature  
X Ronnie Merritt NO  Agent  
 Addressed

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**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	465



Shannon Palmquist  
12116 Wander Lane  
Austin, TX 78750

**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:

Shannon Palmquist  
12116 Wander Lane  
Austin, TX 78750

2. Article Number (Copy from service label)  
7001 1140 0002 5601 6260

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

Sordan Palmquist 12/2/03  
C. Signature  
X Sordan Palmquist  Agent  
 Addressed

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)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

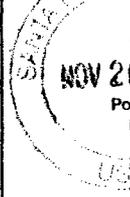
**OFFICIAL USE**

- 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.

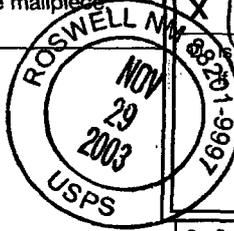
A. Received by (Please Print Clearly) **Ann Herring** B. Date of Delivery **11/29/03**

C. Signature **Ann Herring**  Agent  Address

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>465</b>



1. Article Addressed to:  
 Jones Robinson, Ltd.  
 P.O. Box 2645  
 Roswell, NM 88202



Is delivery address different from item 1?  Yes  No  
 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 5602 0762**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Jones Robinson, Ltd.  
 P.O. Box 2645  
 Roswell, NM 88202

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

**OFFICIAL USE**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>465</b>



**RETURNED**

Union Oil Company of Calif.  
 P.O. Box 3100  
 Midland, TX 79702

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

**OFFICIAL USE**

Postage	\$	60
Certified Fee		230
Return Receipt Fee (Endorsement Required)		175
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>465</b>



Kenneth Ray Vaught, Jr.  
 Karey R. Vaught  
 18703 Palm Beach Blvd.  
 Montgomery, TX 77356

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

**OFFICIAL U**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$4.65</b>



Sent To **Wagner & Brown**  
 Street, Ap or PO Box **P.O. Box 1714**  
 City, State **Midland, TX 79702**

PS Form

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

**Wagner & Brown**  
**P.O. Box 1714**  
**Midland, TX 79702**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Jocelyn Perez** B. Date of Delivery **12/1/03**

C. Signature **X** *Jocelyn Perez*  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

2. Article Number (Copy from service label)

**7001 1140 0002 5601 9421**

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

**OFFICIAL U**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$4.65</b>



**Leonard D. & Jerry B. Witcher**  
 Heirs of Maxine Witcher, dec.  
 1560 Santa Monica Ave.  
 San Jose, CA 95118-1073

**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:

**Leonard D. & Jerry B. Witcher**  
 Heirs of Maxine Witcher, dec.  
 1560 Santa Monica Ave.  
 San Jose, CA 95118-1073

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **L. D. Witcher** B. Date of Delivery **12/1**

C. Signature **X** *L. D. Witcher*  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

2. Article Number (Copy from service label)

**7001 1140 0002 5602 0731**

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 U**

Postage	\$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$4.65</b>



**Pennie Woodruff**  
 337 Bransom  
 Roanoke, TX 76262

**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:

**Pennie Woodruff**  
 337 Bransom  
 Roanoke, TX 76262

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature **X** *Pennie Woodruff*  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

2. Article Number (Copy from service label)

**7001 1140 0002 5602 0779**

PS Form 3811, July 1999