

BEFORE EXAMINER CATANACH

Oil Conservation Division

Exhibit No. 29

Case No. 10111

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF  
DOYLE HARTMAN FOR AMENDMENT OF  
DIVISION ORDER NO. R-8170, AS  
AMENDED TO ESTABLISH MINIMUM GAS  
ALLOWABLES IN THE JALMAT GAS POOL,  
LEA COUNTY, NEW MEXICO

CASE NO. 10111

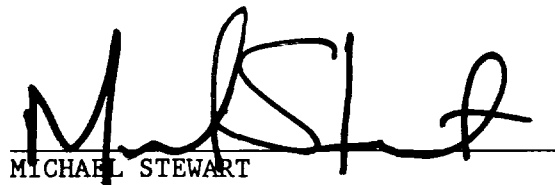
AFFIDAVIT OF COMPLIANCE WITH RULE 1207

STATE OF TEXAS       )  
                              ) ss.  
COUNTY OF MIDLAND )


MICHAEL STEWART, authorized representative of Doyle Hartman, Oil  
Operator, the applicant herein, being first duly sworn upon oath states:

1. Applicant conducted a good-faith diligent effort to discover the correct address of each interested person entitled to notice in this case under Rule 1207 of the Oil Conservation Division's Rules of Procedure as listed on Exhibit A to this Affidavit;
2. As evidenced by the notice attached hereto as Exhibit A and the accompany proofs of receipt, Applicant has complied with the notice provisions of Rule 1207 of the New Mexico Oil

Conservation Division and notice has been given at the correct addresses as provided by the Rule.

  
MICHAEL STEWART

SUBSCRIBED AND SWORN TO before me this 13<sup>th</sup> day of November, 1990.

  
Notary Public

My Commission Expires:



Adobe Oil & Gas Corp.  
300 W. Texas, Ste. 1100  
Midland, Texas 79701-9990  
Attn: H. R. Holcomb  
Land Manager

Alpha Twenty One Production Co.  
200 West Illinois, Ste. 200  
Midland, Texas 79701  
Attn: Carolyn Hartoze

Ambett Oil Co. Inc.  
P. O. Drawer 1589  
Hobbs, New Mexico 88240  
Attn: Cecil R. Strasner

Amerada Hess Corp.  
1201 Louisiana, #700  
Houston, Texas 77002  
Attn: J. Y. Christopher  
Regional Land Manager

American Exploration Co.  
NCNB Building, Ste. 2100  
700 Louisiana  
Houston, Texas 77002  
Attn: Land Manager

Amoco Production Co.  
P. O. Box 3092  
Houston, TX 77253  
Attention: Mr. S. A. Reinert

Anadarko Petroleum

P. O. Box 2497  
Midland, Texas 79702  
Attention: Mr. M. R. Goode  
Division Landman

Antweil Oil Company  
P. O. Box 2010  
Hobbs, NM 88240  
Attention: Mr. Mike O'Brien  
Land Manager

Apollo Energy Corp.  
8350 North Central Expressway  
Dallas, Texas 75206  
Attention: Mr. J. D. Guffey

Apollo Oil Corp.  
1703 N. Hudson  
Oklahoma City, OK 73103  
Attention: Land Manager

Arch Petroleum Inc.  
10 Desta Drive, Suite 420 East  
Midland, Texas 79705  
Attention: Mr. David Miller

ARCo Oil & Gas Co.  
P. O. Box 1610  
Midland, Texas 79702  
Attention: Mr. J. K. Thompson,  
Vice President-Central District

Mr. Sam D. Ares  
P. O. Box 2306



Odessa, TX 79762

Agree Oil Co.  
401 West Texas, Suite 810  
Midland, Texas 79701  
Attention: Mr. Richard S. Guenther,  
President

David H. Arrington Oil & Gas  
P. O. Box 2071  
Midland, Texas 79702  
Attention: Mr. David Arrington

Aztec Oil & Gas Co.  
P. O. Box 3134  
Wichita Falls, Texas 76309  
Attention: Land Manager

Beach Exploration, Inc.  
P. O. Box 3669  
Midland, Texas 79702  
Attention: Mr. Carl Beach  
Vice President-Land

O. H. Berry  
One Marienfeld Place, Suite 188  
Midland, Texas 79701

Mr. W. T. Boyles  
P. O. Box 57  
Graham, Texas 76046

Bettis, Boyles & Stovall  
P. O. Box 1240  
Graham, Texas 76046  
Attention: Mr. H. M. Bettis

H. M. Bettis Inc.  
P. O. Box 1240  
Graham, Texas 76046  
Attention: Mr. H. M. Bettis

Bridge Oil Co. Ltd. Prts  
12377 Merit Drive, Suite 1600  
Dallas, Texas 75251  
Attention: M. D. Krahenbuhl  
VP Land

H. R. Bright  
2911 Turtle Creek, Suite 700  
Dallas, Texas 75219

Tom Brown Drilling Company, Inc.  
P. O. Box 2608  
Midland, Texas 79702  
Attention: Mr. Charles Hedges  
Vice President-Land &  
General Counsel

Earl R. Bruno  
P. O. Box 5456  
Midland, Texas 79704  
Attention: Mr. Randy Bruno

Burk Royalty Co.  
1000 Petroleum Bldg., Box BRC  
Wichita Falls, Texas 76307  
Attention: Al Norris  
Vice President-Land

Burleson & Huff  
P. O. Box 2479  
Midland, Texas 79702  
Attention: Mr. Lewis B. Burleson

Lewis B. Burleson, Inc.  
P. O. Box 2479  
Midland, Texas 79702  
Attention: Mr. Lewis B. Burleson

Carr Well Service, Inc.  
P. O. Box 69090  
Odessa, Texas 79767  
Attention: Land Manager

Carter Foundation Production  
P. O. Box 1036  
Ft. Worth, Texas 76101  
Attention: W. Pat Harris

Chevron USA Inc.  
1301 McKinney Avenue  
Houston, Texas 77010  
Attention: D. H. Messer  
Land Manager

Citation Oil & Gas Corp.  
P. O. Box 100851  
Houston, Texas 77212  
Attention: Land Manager

Dalton H. Cobb  
414 W. Texas Avenue  
Midland, Texas 79701

J. R. Cone  
P. O. Box 217  
Lubbock, Texas 79408

Conoco, Inc.  
P. O. Box 1959  
Midland, Texas 79702  
Attention: Land Manager

Convest Energy Corporation  
2401 Fountainview, Suite 700  
Houston, Texas 77057  
Attention: Land Manager

Cross Timbers Production Co.  
3000 North Garfield, Suite 250  
Midland, Texas 79705  
Attention: Larry McDonald  
Division Manager

Dalport Oil Corporation  
3471 First National Bank Bldg.  
Dallas, Texas 75202  
Attention: Land Manager

Millard Deck Estate  
1st National Bank, Ft. Worth,  
Trustee, Acct #4193,  
Drawer 97073  
Fort Worth, TX 76102

El Paso Natural Gas Company  
P. O. Box 1492  
El Paso, TX 79978  
Attention: Land Manager

Elk Oil Co.  
P. O. Box 310  
Roswell, New Mexico 88202  
Attention: J. J. Kelly

Energy Development Corp.  
P. O. Box 100978  
Houston, Texas 77212  
Attention: Land Manager

Euratex Corporation  
4826 Greenville Avenue  
Dallas, Texas 75206  
Attention: Land Manager

James L. Evans  
P. O. Box 1029  
Eunice, New Mexico 88231

Exxon Company USA  
P. O. Box 1600  
Midland, Texas 79702-1600  
Attention: T. E. Alford,  
Land & Regulatory Affairs

Bert Fields, Jr.  
11835 Preston Road  
Dallas, Texas 75230

Fina Oil and Chemical Co.  
P. O. Box 2990  
Midland, Texas 79702  
Attention: Robert Dempsey, Land Manager

L. R. French  
P. O. Box 11327  
Midland, Texas 79702

General Operating Co.  
P. O. Box 877  
Wichita Falls, Texas 76307  
Attention: Land Manager

Charles B. Gillespie, Jr.  
P. O. Box 8  
Midland, Texas 79702

John S. Goodrich  
4000 North Big Spring, Suite 109  
Midland, Texas 79705

Grace Petroleum Corp.  
6501 North Broadway  
Oklahoma City, OK 73116  
Attention: David K. Pinson, Land Manager

Bill J. Graham Oil and Gas  
P. O. Box 7037  
Midland, Texas 79708  
Attention: Land Manager

Great Western Drilling Co.  
P. O. Box 1659  
Midland, Texas 79702  
Attention: P. L. Shanahan

Ernest A. Hanson  
Petroleum Building  
67 Riverside Drive  
Roswell, New Mexico 88201  
Attention: Fred Tyner, Landman

Harris & Walton  
P. O. Box 187  
Midland, Texas 79702

Hawkins Oil & Gas, Inc.  
400 S. Boston, Suite 800  
Tulsa, OK 74103  
Attention: Mr. John B. Hawkins

John H. Hendrix Corp.  
223 W. Wall, Suite 525  
Midland, Texas 79701  
Attention: Mr. Ronnie H. Westbrook

Highland Production Co.  
810 N. Dixie, Suite 202  
Odessa, TX 79767

T. F. Hodge  
777 Taylor St.  
Fort Worth, TX 76102

Hondo Oil & Gas Co.  
P. O. Box 2208  
Roswell, NM 88201  
Attention: Mr. Gene Wentworth

JFG Enterprises



P. O. Box 100  
Artesia, NM 88211-0100  
Attention: Mr. J. T. Jackson, Jr.

J. G. Twenty Prop. Inc.  
P. O. Box 755  
Hobbs, NM 88241  
Attention: Land Manager

Kaiser Francis Oil Co.  
P. O. Box 84234  
Dallas, Texas 75284  
Attention: Land Manager

Kelt Oil & Gas Inc.  
3878 Carson, Suite B-200  
Torrance, CA 90503  
Attention: Land Manager

Charles W. Kemp  
1701 E. Highland Drive  
Hobbs, NM 88241

Kern Co.  
3005 N. Big Spring  
Midland, Texas 79705

Kerr McGee Corp.  
P. O. Box 25861

Oklahoma City, OK 73125  
Attention: Land Manager

Kirby Exploration Co.  
1775 St. James Place, Suite 300  
Houston, Texas 77056

Lanexco Inc.  
P. O. Box 2730  
Midland, Texas 79702

Sidney Lanier  
P. O. Box 755  
Hobbs, NM 88241

Bernard B. Lankford, Jr.  
P. O. Box 238  
Midland, Texas 79702

Late Oil Co.  
5646 Milton, Suite 800  
Dallas, Texas 75206

Russell E. Leeser  
1390 Ridge Road

Littleton, CO 80120

Bill C. & Linda Lewallen  
Lewallen Supply  
218 Main  
Jal, NM 88252

C. E. Long, Jr.  
P. O. Box 1943  
Midland, Texas 79702

M & B Petroleum  
P. O. Box 755  
Hobbs, NM 88241

M K A Oil Properties  
500 West Texas, Suite 1230  
Midland, Texas 79701  
Attention: Mr. Michael O. Kleine

Magnatex Corp.  
One Marienfeld Place, Suite 405  
Midland, Texas 79701  
Attention: Land Manager

Maralo, Inc.  
223 W. Wall, 9th Floor  
Midland, Texas 79701

Attention: Land Manager

Marathon Oil Co.  
P. O. Box 552  
Midland, Texas 79702  
Attention: Land Manager

Marabob Energy Corp.  
P. O. Drawer 217  
Artesia, NM 88210-0217  
Attention: Land Manager

Martindale Petroleum Corp.  
P. O. Box 2403  
Hobbs, NM 88241-2403  
Attention: Land Manager

Dallas McCasland  
1000 Avenue J  
Eunice, NM 88231

McCasland Disposal System  
1000 Avenue J  
Eunice, NM 88231

ME Tex Supply Co.  
P. O. Box 2070  
Hobbs, NM 88240

Meridian Oil Inc.  
801 Cherry Street  
Fort Worth, Texas 76102  
Attention: Land Manager

Meridian Oil Production Inc.  
21 Desta Drive  
Midland, Texas 79701  
Attention: Dennis Sledge

Mesa Oil Co., Inc.  
4701 Broadway SE  
Albuquerque, NM 87105  
Attention: Land Manager

Mobil Oil Corp.  
P. O. Box 101383  
Atlanta, GA 30392-1383  
Attention: Land Manager

Mobil Producing, TX & NM  
P. O. Box 650232  
Dallas, TX 75265-0232  
Attention: Land Manager

Morexco Inc.  
P. O. Box 481  
Artesia, NM 88210  
Attention: Land Manager

National Cooperative Refining  
P. O. Box 1404  
McPherson, KS 67460  
Attention: Land Manager

O'Neill Properties, LTD  
P. O. Box 2840  
Midland, Texas 79702  
Attention: Land Manager

Joseph I. O'Neill  
P. O. Box 2840  
Midland, Texas 79702

Oryx Energy Co.  
P. O. Box 2880  
Dallas, Texas 75221-2880  
Attention: Land Manager for NM

Oryx Energy Company  
P. O. Box 1861  
Midland, Texas 79702-1861  
Attention: Michael Barron  
Production/Land Coordinator

Oxy USA Inc.  
P. O. Box 50250  
Midland, Texas 79710-5025  
Attention: Land Coordinator

Pacific Ent. Oil Co., USA  
P. O. Box 21338, Drawer 110  
Tulsa, OK 74121-1338  
Attention: Land Manager

Pacific Enterprise Royalty Company  
P. O. Box 3083  
Midland, Texas 79702  
Attention: John E. Lodge  
District Land Manager

Pan American Corp.  
3211 Southland Center  
Dallas, Texas 75201  
Attention: Land Manager

Parker & Parsley Petroleum Co.  
P. O. Drawer 3178  
Midland, Texas 79702  
Attention: Jack Larremore

Robert L. Parker Trust Co.  
8 East Third  
Tulsa, OK 74103  
Attention: Land Manager

Pearson Sibert Oil Co.  
901 W. Missouri Ave.  
Midland, TX 79701  
Attention: Land Manager

Penroc Oil Corp.  
P. O. Box 5970  
Hobbs, NM 88241  
Attention: Land Manager

Phillips Petroleum Co.  
4th and Keeler  
Bartlesville, OK 74004  
Attention: Land Manager for New Mexico

Ray A. Pierce  
P. O. Box 1969  
Eunice NM 88231

Polaris Production Corp.  
1307 Midland Savings Bldg.  
Midland, Texas 79702  
Attention: Land Manager

C. C. Pollard  
P. O. Box 1567  
Fort Stockton, TX 79735

Hal J. Rasmussen Operating  
Six Desta Drive, Suite 5850  
Midland, Texas 79705  
Attention: Land Manager

Reading & Bates Oil & Gas Co.



2412 N. Grandview  
Odessa, Texas 79761  
Attention: Land Manager

Cecil J. Rhodes  
511 West Texas  
Midland, Texas 79701

Rice Engineering & Operating, Inc.  
9019 W. County Road North  
Odessa, Texas 79764  
Attention: Land Manager

Rodman Petroleum Corp.  
P. O. Box 12250  
Odessa, Texas 79768  
Attention: Land Manager

Roma Oil & Gas Co.  
8620 N. New Braunfels, Suite 601  
San Antonio, TX 78217  
Attention: Land Manager

Saba Energy Inc.  
5525 N. McArthur Blvd., Suite 480  
Irving, Texas 75038  
Attention: Land Manager

Sage Energy  
10101 Reunion Place

Suite 800  
San Antonio, Texas 78216  
Attention: Mr. Ronald G. Tefteller  
Vice President-Land

Samedan Oil Corp.  
Department 0747  
Dallas, Texas 75284-0747  
Attention: Land Manager

Santa Fe Energy Corp.  
1616 S. Voss, Suite 300  
Houston, Texas 77057  
Attention: Land Manager

Santa Fe Energy Operating Partners  
500 W. Illinois, Suite 500  
Midland, Texas 79702  
Attention: Vernon D. Dyer  
District Landman

Santa Fe Exploration Co., Inc.  
P. O. Box 1136  
Roswell, NM 88201  
Attention: Land Manager

H. F. Schiff  
5307 East Mockingbird Lane, Suite 1001  
Dallas, Texas 75206

Mr. Norman D. Stovall  
P. O. Box 10  
Graham, Texas 76046

Shell Western E&P Inc.  
P. O. Box 910204  
Dallas, Texas 75391  
Attention: Land Manager

Sirgo Operating Inc.  
214 West Texas Ave.  
Midland, Texas 79701  
Attention: Manny Sirgo

Smith & Marrs, Inc.  
P. O. Box 863  
Kermit, Texas 79745

Southland Royalty Co.  
P. O. Box 910497  
Dallas, Texas 75391-0497  
Attention: Land Manager

Tahoe Energy Inc.  
3909 W. Industrial  
Midland, Texas 79703  
Attention: Mr. K. A. Freeman

Tahoe Oil & Cattle Co.  
3409 W. Industrial  
Midland, Texas 79703  
Attention: Land Manager

Tempo Energy Inc.  
4000 N. Big Spring, Suite 109  
Midland, Texas 79705  
Attention: Land Manager

Tenneco Gas Company  
P. O. Box 2511  
Houston, Texas 77252-2511  
Attention: Land Manager for NM

Texaco USA, Inc,  
P. O. Box 526245  
Houston, Texas 77052-6245  
Attention: Land Manager for NM

Texaco Producing, Inc.  
P. O. Box 2100  
Denver, Colorado 80201  
Attention: Land Manager for NM

Dwight A. Tipton  
P. O. Box 1025  
Lovington, NM 88260

TRES Oil Co.  
4720 Taft Blvd.  
Wichita Falls, Texas 76308  
Attention: Land Manager

Triton Oil & Gas Corp. and  
Triton Energy  
1000 Two Energy Square  
4849 Greenville Ave.  
Dallas, TX 75206  
Attention: Land Manager

Union Oil of California  
Post Office Box 3100  
Midland, Texas 79702  
Attention: John F. Hansen

Union Texas Petroleum  
P. O. Box 2120  
Houston, Texas 77252-2120  
Attention: L. C. Scholz  
Director Land Operations

Union Texas Petroleum Inc.  
4000 N. Big Spring  
Midland, Texas 79705  
Attention: Land Manager

V. F. Petroleum Inc.  
One Marienfeld Place, Suite 580  
Midland, Texas 79701  
Attention: Land Manager

Warrior Inc.  
P. O. Box 953  
Mexia, TX 76667  
Attention: Land Manager

Sol West III  
c/o Michael Shearn  
4120 Rio Bravo  
Kogerama Bldg., Suite 305  
El Paso, Texas 79902-5000

V. H. Westbrook  
P. O. Box 2264  
Hobbs, NM 88240

Western Drilling Co.  
211 Cherokee Street  
Longview, TX 75604  
Attention: Land Manager

Bruce A. Wilbanks Co.  
505 N. Big Spring, Suite 500  
Midland, Texas 79701  
Attention: Mr. Bruce Wilbanks

Wiser Oil Co.  
Dept. L 454 P  
Pittsburgh, PA 15264  
Attention: Land Manager

Wolverine Oil & Gas Inc.  
400 1st City Bank Tower  
201 Main Street  
Fort Worth, TX 76102  
Attention: Glenn Adams,  
Land Manager

Wood, McShane & Thams 69  
P. O. Box 968  
Monahans, TX 79756  
Attention: Land Manager

X L Transportation Co.  
P. O. Drawer A  
Jal, NM 88252  
Attention: Mr. Bill Brinstool

Zachary Oil Operating Co.  
1212 Commerce Bldg.  
Fort Worth, TX 76102  
Attention: Land Manager

Zia Energy Inc.  
Post Office Box 2219  
Hobbs, NM 88240  
Attention: Mr. Don Bratton

El Paso Natural Gas company  
Post Office Box 1492  
El Paso, Texas 79978  
Attn: Gas Pipeline Dept. for NM

Northern Natural Gas Co.  
2223 Dodge Street  
Omaha, NE 68102  
Attention: Gas Pipeline Dept. for NM

Northern Natural Gas Co.  
P. O. Box 1188  
Houston, Texas 77251-1188  
Attention: Robert Hayes

Phillips 66 Natural Gas  
4th and Keeler  
Bartlesville, OK 74004  
Attention: Gas Pipeline Dept. for NM

Sid Richardson Carbon & Gasoline Co.  
1st City Bank Tower  
201 Main St.  
Ft. Worth, Texas 76102  
Attention: Wayne Farley

Texaco Producing, Inc.  
P. O. Box 3000  
Tulsa, OK 74102  
Attention: Gas Pipeline Dept. for NM

Warren Petroleum Co.  
P. O. Box 1589  
Tulsa, Oklahoma 74102  
Attention: Gas Pipeline Department for NM



XCEL  
Suite 580  
6 Desta Drive  
Midland, Texas 79705

560:labels

Names

"BTA Oil Producers  
104 South Pecos  
Midland, Texas 79701  
Attention: Bob Crawford

"

"Bravo Drilling Company  
P. O. Box 1083  
Perryton, Texas 79070

"

"Brothers Production Co.  
P. O. Box 7515  
Midland, Texas 79708

"

"W. A. Chalfant  
P. O. Box 3123  
Midland, Texas 79702

"

"Cleary Petroleum  
P. O. Box 545  
Commanche, Oklahoma 73259

"

"Compass Exploration  
P. O. Box 2357  
Billings, Montana 59103

"

"Cornell Oil  
1800 One Galleria Tower  
13355 Noel Road  
Dallas, Texas 75240

"

"Crown Central Petroleum Corporation  
P. O. Box 1168  
Baltimore, Maryland 21203

"

"Culbertson Oil Company  
P. O. Box 20008

Oklahoma City, Oklahoma 73156

"

"James A. Davidson  
P. O. Box 494  
Midland, Texas 79702

"

"Dixilyn Corp.  
P. O. Box 3427  
Odessa, Texas 79761

"

"Robert N. Enfield  
P. O. Box 2431  
Santa Fe, New Mexico 87504-2431

"

"Enron Oil & Gas Co.  
P. O. Box 2267  
Midland, Texas 79702  
Attention: Frank Estep

"

"Greenbrier Co.  
2204 Tredington Way  
Edmond, Oklahoma 73034

"

"R. F. Hannifin  
P. O. Box 218  
Midland, Texas 79702

"

"Hunt Energy Corporation  
2400 Thanksgiving Tower  
1601 Elm Street  
Dallas, Texas 75201

"

"Leonard Oil  
P. O. Box 400  
Roswell, New Mexico 88201

"

"Marshall & Winston Inc.  
3100 #6 Desta Drive  
Midland, Texas 79710

"  
"Mewbourne Oil Company  
P. O. Box 7698  
Tyler, Texas 75711

"  
"W. W. Perry  
P. O. Box 371  
Midland, Texas 79702

"  
"Petco Limited  
P. O. Box 911  
Breckenridge, Texas 76024-0911

"  
"Pogo Petroleum  
P. O. Box 2504  
Houston, Texas 77252

"  
"Presidio Exploration Inc.  
5613 DTC Parkway #750  
Englewood, Colorado 80111-3035

"  
"Richmond Drilling Co.  
P. O. Box 150  
Midland, Texas 79702

"  
"Rutter & Wilbanks Corporation  
P. O. Box 3186  
Midland, Texas 79702

"  
"E. J. Schemerhon  
320 S. Boston Avenue, #1400  
Tulsa, Oklahoma 74103

"  
"Topat Oil Corporation  
505 N. Big Spring, Suite 204

Midland, Texas 79701-8602

"

"Williams Partnership  
6 Desta Drive  
3000 Claydesta Bank Building  
Midland, Texas 79705  
Attention: Bernie Scott

"

"Yates Petroleum Company  
Yates Building  
105 South 4th  
Artesia, New Mexico 88210

"

P 556 000 728

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Adobe Oil & Gas Corp	
Street and No	
300 W. Texas, Suite 1100	
Midland, Texas 79701-9990	
P.O. State and ZIP Code	
Attn: H. R. Holcomb	
Postage	Land Manager \$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Adobe Oil & Gas Corp. 300 W. Texas, Suite 1100 Midland, Texas 79701-9990 Attn: H. R. Holcomb Land Manager	4. Article Number P 556 000 728 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature of Addressee  Signature of Agent R. W. H. H. H. Date of Delivery SEP 25 1997	8. Addressee's Address (ONLY if requested and fee paid)

3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 741

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Agree Oil Co.	
Street and No.	
401 W. Texas Suite 810	
City, State and ZIP Code	
Midland, Texas 79701	
Attn: Richard S. Guenther	
Postage	President \$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to: Agree Oil Co. 401 West Texas Suite 810 Midland, Texas 79701 Attention: Mr. Richard S. Guenther President	4. Article Number P 556 000 741 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Lavonda E. Smith</i>	
7. Date of Delivery <i>9/25/90</i>	

PS Form 3811, Mar. 1987

U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

P 556 000 729

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Alpha Twenty One Prod. Co.	
200 West Illinois, Ste. 200	
Midland, Texas 79701	
P.O. State and ZIP Code	
Attention: Carolyn Hartogze	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<p>3. Article Addressed to:</p> <p>Alpha Twenty One Production Co 200 West Illinois, Ste. 200 Midland, Texas 79701 Attn: Carolyn Hartogze</p>	<p>4. Article Number</p> <p>P 556 000 729</p>
<p>5. Signature - Addressee</p> <p>X <i>Carolyn Hartogze</i></p>	<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p>
<p>6. Signature - Agent</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>7. Date of Delivery</p> <p>SEP 25 1990</p>	

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**



P 556 000 730

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Ambett Oil Co. Inc.	
P.O. and Drawer 1589	
Hobbs, NM 88240	
P.O. State and ZIP Code	
Attn: Cecil R. Strasner	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Ambett Oil Co. Inc.  
P. O. Drawer 1589  
Hobbs, NM 88240  
Attention: Cecil R. Strasner

4. Article Number

P 556 000 730

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X *Cecil R. Strasner*

6. Signature - Agent

X

7. Date of Delivery

9/25/90

8. Addressee's Address (ONLY if requested and fee paid)

Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 731

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Amerada Hess Corp.	
Street and No.	
1201 Louisiana, #700	
City, State and ZIP Code	
Houston, TX 77002	
Attn: J.Y. Christopher	
Postage	Regional Land Mgr
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Amerada Hess Corp.  
1201 Louisiana, #700  
Houston, TX 77002  
Attn: J.Y. Christopher  
Regional Land Mgr

4. Article Number

P 556 000 731

Type of Service:

☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature — Addressee

X

6. Signature — Agent

X *Tom Jones*

7. Date of Delivery

TX SAM HOUSTON SEP 28 1990

PS Form 3811, Feb. 1986

**DOMESTIC RETURN**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to	
American Exploration Co.	
Street Non-Building, Ste 2100	
700 Louisiana	
P.O. State and ZIP Code	
Houston, TX 77002	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p>	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. ↑(Extra charge)↑	2. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑
3. Article Addressed to:  American Exploration Co. NCNB Building, Ste 2100 700 Louisiana Houston, TX 77002 Attention: Land Manager	4. Article Number  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
6. Signature — Agent X <i>KOM T.</i>	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
7. Date of Delivery <b>SEP 27 1990</b>	



P 556 000 734

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to <b>Anadarko Petroleum</b>	
P. O. Box 2497	
Midland, Texas 79702	
P.O. <del>Attention</del> <b>Mr. M. R. Goode</b>	
Division Landman	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

<b>3. Article Addressed to:</b> Anadarko Petroleum P. O. Box 2497 Midland, Texas 79702 Attention: Mr. M. R. Goode Division Landman	<b>4. Article Number</b> P 556 000 734 <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature — Addressee</b> X	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> X <i>B. Hanagan</i>	
<b>7. Date of Delivery</b> SEP 25 1990	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

**RECEIPT FOR CERTIFIED MAIL**

*(See Reverse)*

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Antweil Oil Co.
Street and No	P. O. Box 2010 Hobbs, NM 88240
P.O. Street and No	Mr. Mike O'Brien Land Manager
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

- |  |  |
|--|--|
| <p>3. Article Addressed to:</p> <p>Antweil Oil Co.<br/>P. O. Box 2010<br/>Hobbs, NM 88240<br/>Attention: Mr. Mike O'Brien<br/>Land Manager</p> | <p>4. Article Number</p> <p>P 556 000 735</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p> |
| <p>5. Signature — Addressee</p> <p>X <i>Mike O'Brien</i></p>   | <p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>  |
| <p>6. Signature — Agent</p> <p>X</p>   |  |
| <p>7. Date of Delivery</p> <p><i>9-25-90</i></p>   |  |

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Apollo Energy Corp	
Street and No	
8350 N. Central Expressway	
City, State and ZIP Code	
Dallas, TX 75206	
Attn: Mr. J. D. Guffey	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p>	
<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery            ↑(Extra charge)↑   ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p>Apollo Energy Corp          8350 N. Central Expressway          Dallas, TX 75206          Attention: Mr. J. D. Guffey</p>	<p>4. Article Number          P 556 000 736</p> <hr/> <p>Type of Service:  <input type="checkbox"/> Registered                      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified                          <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p> <hr/> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Addressee  X</p>	<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>
<p>6. Signature — Agent  X <i>George E. Burrows</i></p>	
<p>7. Date of Delivery</p>	

P 556 000 737

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sender's Name Apollo Oil Corp	
Street and No. 1703 N. Hudson	
City, State and Zip Oklahoma City, OK 73103	
P.O. Box and Zip Attn: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Apollo Oil Corp. 1703 N. Hudson Oklahoma City, OK 73103 Attn: Land Manager		4. Article Number P 556 000 737	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee X <i>Barry Deslute</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X			
7. Date of Delivery <i>9/26/90</i>			

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**



P 556 000 738

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Arch Petroleum Inc.	
Street address 10 Desta Drive, Suite 420 E	
City, State and ZIP Code Midland, Texas 79705	
P.O. Box and ZIP Code Attn: David Miller	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Arch Petroleum Inc. 10 Desta Drive, Suite 420 East Midland, Texas 79705 Attn: Mr. David Miller	4. Article Number P 556 000 738
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Addressee X <i>David Miller</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 9-25-87	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

P 556 000 739

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>ARCo Oil &amp; Gas Co.</b>	
Street and No. Box 1610 <b>Midland, Texas 79702</b>	
P.O. Box and ZIP Code Thompson <b>V. Pres, Central Dist/</b>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to:  <b>ARCo Oil &amp; Gas Co.</b> <b>P. O. Box 1610</b> <b>Midland, Texas 79702</b> <b>Attention: Mr. J. K. Thompson</b> <b>V. Pres, Central District</b>		4. Article Number <b>P 556 000 739</b>	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature — Addressee <b>X</b>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
6. Signature — Agent <b>X</b>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <b>SEP 25 1990</b>			

Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 556 000 740

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to Mr. Sam D. Ares	
P.O. Box 2306	
Odessa, TX 79762	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U

**RECEIPT FOR CERTIFIED MAIL**

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

## DOMESTIC RETURN RECEIPT

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Aztec Oil & Gas Co.	
P. O. Box 3134 Street and No. Wichita Falls, TX 76309	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom. Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery             †(Extra charge)†                                         †(Extra charge)†</p>	
<p>3. Article Addressed to:           Axtec Oil &amp; Gas Co.          P. O. Box 3134          Wichita Falls, TX 76309           Attention: Land Manager</p>	<p>4. Article Number           P 556-000 743</p> <hr/> <p>Type of Service:  <input type="checkbox"/> Registered                      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified                        <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p> <hr/> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>
<p>5. Signature — Addressee  <i>[Signature]</i></p>	<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>
<p>6. Signature — Agent  <i>X</i></p>	
<p>7. Date of Delivery  <b>SEP 26 1990</b></p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Beach Exploration Inc.	
P. O. Box 3669	
Street and No.	
Midland, Texas 79702	
P.O. Address and Mr. Carl Beach	
V. Pres-Land	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
   ↑(Extra charge)↑   ↑(Extra charge)↑

3. Article Addressed to:  Beach Exploration, Inc. P. O. Box 3669 Midland, Texas 79702 Attention: Mr. Carl Beach V. Pres-Land	4. Article Number  P 556 000 744 <hr/> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <hr/> Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>
5. Signature — Addressee <b>X</b>	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
6. Signature — Agent <b>X</b> <i>Peggy Simmons</i>	
7. Date of Delivery <i>SEP 25 1990</i>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

**RECEIPT FOR CERTIFIED MAIL**

(See Reverse)

PS Form 3800, June 1985

Sent to	
O. H. Berry	
One Marienfeld Place	
Suite 188	
P.O. Box 121, Cedar Rapids, Iowa 52401	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
    †(Extra charge)†                                 †(Extra charge)†

3. Article Addressed to: O. H. Berry One Marienfeld Suite 188 Midland, Texas 79701	4. Article Number P 556 000 745  Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X _____	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .  8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
6. Signature — Agent X <i>Sonya Blocker</i>	
7. Date of Delivery <i>9-27-70</i>	

P 556 000 746

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

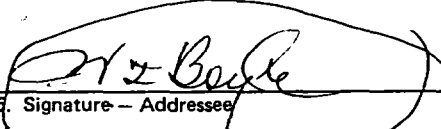
PS Form 3800, June 1985

Sent to	
Mr. W. T. Boyles	
Street and No.	
P. O. Box 57	
Graham, Texas 76046	
P.O. State and Zip Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to: Mr. W. T. Boyles P. O. Box 57 Graham, Texas 76046		4. Article Number P 556 000 746
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail		
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>		
5. Signature — Addressee X 	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X		
7. Date of Delivery SEP 26 1990		

PS Form 3814, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**



P 556 000 747

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Bettis, Boyels &amp; Stovall</b>	
P. O. Box 1240 Street and No. <b>Graham, TX 76046</b>	
Attn: Mr. H. M. Bettis Room and ZIP Code	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>Bettis, Boyles &amp; Stoval P. O. Box 1240 Graham, Texas 76046 Attn: Mr. H. M. Bettis</p>	<p>4. Article Number</p> <p>P 556 000 747</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>K. Woolf</i></p>	
<p>7. Date of Delivery</p> <p><b>SEP 26 1990</b></p>	

P 556 000 748

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
H. M. Bettis, Inc.	
Street and No.	
P. O. Box 1240	
City, State and Zip Code	
Graham, Texas 76046	
Attn: H.M. Bettis	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
†(Extra charge)† †(Extra charge)†

3. Article Addressed to:		4. Article Number	
H. M. Bettis, Inc.		P 556 000 748	
P. O. Box 1240		Type of Service	
Graham, Texas 76046		<input type="checkbox"/> Registered <input type="checkbox"/> Insured	
Attn: Mr. H. M. Bettis		<input type="checkbox"/> Certified <input type="checkbox"/> COD	
		<input type="checkbox"/> Express Mail	
5. Signature — Addressee		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent			
X <i>K. Woolf</i>			
7. Date of Delivery			
SEP 26 1990			

P 556 000 749

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Bridge Oil Co. Ltd Partners	
Street and No. Merit Drive, Suite 1600	
City, State, and Zip Dallas, Texas 75251	
Pay to the order of M. D. Krahenbuhl	
VP Land	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Bridge Oil Co. Ltd. Partners 12377 Merit Drive, Suite 1600 Dallas, Texas 75251 Attn: M. D. Krahenbuhl, VP Land		4. Article Number P 556 000 749	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>[Signature]</i>			
7. Date of Delivery 9-26-80			

PS Form 3811, Mar. 1987

\* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT



P 556 000 751

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Tom Brown Drilling Co., Inc.	
P.O. Box 2608	
Street and No. Midland, Texas 79702	
Attn: Charles Hedges	
VP Land & Gen. Counsel	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>Tom Brown Drilling Co., Inc. P. O. Box 2608 Midland, Texas 79702 Attn: Charles Hedges VP Land &amp; Gen. Counsel</p>	<p>4. Article Number</p> <p>P 556 000 751</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>SEP 25 1990</p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT



P 556 000 753

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Burk Royalty Co.	
1000 Petroleum Bldg., Box BRC	
Wichita Falls, TX 76307	
Attn: Al Norris VP Land	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to:  
Burk Royalty Co.  
1000 Petroleum Bldg., Box BRC  
Wichita Falls, Texas 76307  
Attn: Al Norris, VP Land

4. Article Number  
P 556 000 753

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature — Addressee  
X *A. L. Agent*

6. Signature — Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

SEP 26 1990

PS Form 3811, Mar. 1987

U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 556 000 754

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Burleson &amp; Huff</b>	
P. O. Box 2479 Midland, Texas 79702	
Attn: Mr. Lewis Burleson	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p><b>Burleson &amp; Huff</b> <b>P. O. Box 2479</b> <b>Midland, Texas 79702</b> <b>Attn: Mr. Lewis Burleson</b></p>	<p>4. Article Number</p> <p><b>P 556 000 754</b></p> <p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>Shirley Sutherland</i></p>	
<p>7. Date of Delivery</p> <p><b>SEP 25 1990</b></p>	





P 556 000 756

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Carr Well Service, Inc.	
P.O. Box 69090	
Odessa, TX 79767	
Attn: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
†(Extra charge)† †(Extra charge)†

3. Article Addressed to: Carr Well Service, Inc. P. O. Box 69090 Odessa, Texas 79767 Atten: Land Manager		4. Article Number P 556 000 756
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
		Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>Ben M. [Signature]</i>		
7. Date of Delivery 9.25.90		

## DOMESTIC RETURN RECEIPT

P 556 000 758

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Chevron USA Inc.	
Street and No. 1301 McKinney Ave.	
City, State, and ZIP Code Houston, Texas 77010	
Post Office and ZIP Code Attn: D. H. Messer-Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
†(Extra charge)† †(Extra charge)†

3. Article Addressed to:  Chevron USA Inc. 1301 McKinney Avenue Houston, Texas 77010 Attn: D. H. Messer-Land Manager	4. Article Number  P 556 000 758 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>D. Schuchle</i>	
7. Date of Delivery <i>9/27/90</i>	

P 556 000 562

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555  
PS Form 3800, June 1985

Sent to Citation Oil & Gas Corp.	
Street and No. P. O. Box 100851	
P.O., State and ZIP Code Houston, TX 77212	
Postage	\$
Attn: Land Manager	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Citation Oil & Gas Corp. P. O. Box 100851 Houston, TX 77212  Attn: Land Manager		4. Article Number P 556 000 962	
5. Signature — Address X  6. Signature — Agent X  7. Date of Delivery OCT 9 - 1990		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1988

\* U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

(See Reverse)

U.S.G.P.O. 1989-234-555

Form 3800, June 1985

Sent to	
Dalton H. Cobb	
Street and No. Texas Ave	
Midland, Texas 79701	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery

<p>3. Article Addressed to:</p> <p>Dalton H. Cobb 414 W. Texas Avenue Midland, Texas 79701</p>	<p>4. Article Number</p> <p>P 556 000 760</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature -- Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature -- Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>9-25</p>	

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
J. R. Cone	
Spec. Del. Box 217	
Lubbock, TX 79408	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
  ↑(Extra charge)↑   ↑(Extra charge)↑

<p>3. Article Addressed to: _____</p> <p>J. R. Cone P. O. Box 217 Lubbock, TX 79408</p>	<p>4. Article Number</p> <p>P 556 000 761</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (On request)</p>
<p>6. Signature — Agent</p> <p>X <i>Pat Lutz</i></p>	<p><b>SEP 25 1990</b></p> <p><b>LUBBOCK POST OFFICE</b></p> <p><b>USPS</b></p>
<p>7. Date of Delivery</p>	

## DOMESTIC RETURN RECEIPT

P 556 000 762

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Conoco, Inc.	
P. O. Box 1959	
Street and No. Midland, Texas 79702	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to:  Conoco, Inc. P. O. Box 1959 Midland, Texas 79702 Attention: Land Manager	4. Article Number P 556 000 762  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
6. Signature — Agent X <i>D. Colkison</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery SEP 25 1990	

PS Form 3811, Mar. 1987

U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**



P 556 000 763

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Convest Energy Corp	
2401 Fountainview, Suite 700	
Houston, TX 77057	
Attn: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to:

Convest Energy Corp.  
2401 Fountain view, Suite 700  
Houston, Tx 77057  
Attn: Land Manager

4. Article Number

P 556 000 763

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

X *[Signature]*

6. Signature — Agent

X

7. Date of Delivery

9-26-90

8. Addressee's Address (ONLY if requested and fee paid)



P 556 000 764

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to	
Cross Timbers Prod. Co.	
3000 N. Garfield, Ste 250	
Midland, Texas 79705	
Attn: Larry McDonald, Div Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>Cross Timbers Production Co 3000 N. Garfield, Suite 250 Midland, Texas 79705 Attn: Larry McDonald, Div. Mgr</p>	<p>4. Article Number</p> <p>P 556 000 764</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X</p>	
<p>7. Date of Delivery</p>	

P 556 000 765

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555  
PS Form 3800, June 1985

Sent to Dalport Oil Corp.	
3471 First National Bank Bldg	
Dallas, Tx 75202	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p>Dalport Oil Corporation 3471 First National Bank Bldg Dallas, TX 75202 Attention: Land Manager</p>	<p>4. Article Number</p> <p>P 556 000 765</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>Ydonia Bruce</i></p>	
<p>7. Date of Delivery</p> <p><i>9-27-90</i></p>	

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Millard Deck Estate
Street and No.	1st Natl Bank, Ft. Worth,
Postage	Trustee, Acct #4193
Postmark or Date	97009 Ft. Worth, TX 76102
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.  
↑(Extra charge)↑
2. ☐ Restricted Delivery  
↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>Millard Deck Estate  1st Natl Bank, Ft. Worth  Trustee, Acct #4193  Drawer 97073  Fort Worth, TX 76102</p>	<p>4. Article Number  P 556 000 766</p> <p>Type of Service:  <input type="checkbox"/> Registered      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Addressee  X</p> <p>6. Signature — Agent  X</p> <p>7. Date of Delivery</p>	<p>8. Addressee's Address <i>(ONLY if requested and fee paid)</i></p>

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

RECEIPT FOR CERTIFIED MAIL

U.S.G.P.O. 1989-234-555

Street No. <b>El Paso Natural Gas Co</b> <b>P. O. Box 1492</b> <b>El Paso, TX 79978</b> <b>Attention: Land Manager</b>	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3800, June 1985

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery            ↑(Extra charge)↑   ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p>EI Paso Natural Gas Co.          P. O. Box 1492          EI Paso, TX 79978          Attention: Land Manager</p>	<p>4. Article Number  <u>P 556 000 767</u></p> <p>Type of Service:  <input type="checkbox"/> Registered                                  <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified                                    <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>
<p>6. Signature — Agent</p> <p>X R [Signature]</p>	
<p>7. Date of Delivery</p> <p style="text-align: center;">SEP 26 1990</p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

P 556 000 768

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Elk Oil Co.	
P. O. Box 310	
Street and No.	
Roswell, NM 88202	
Attention: J. Kelly	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
(Extra charge) (Extra charge)

<p>3. Article Addressed-to:</p> <p>Elk Oil Co. P. O. Box 310 Roswell, NM 88202 Attention: J.J. Kelly</p>	<p>4. Article Number</p> <p>P 556 000 768</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature - Addressee</p> <p>X <i>J. Kelly</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>9-28-90</p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

P 556 000 769

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Energy Development Corp</b>	
Street and No. <b>P.O. Box 100978</b>	
City, State and ZIP Code <b>Houston, Texas 77212</b>	
Attention: <b>Land Manager</b>	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p><b>Energy Development Corp</b> <b>P.O. Box 100978</b> <b>Houston, TX 77212</b> <b>Attention: Land Manager</b></p>	<p>4. Article Number</p> <p><b>P 556 000 769</b></p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p><b>SEP 26 1990</b></p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 556 000 770

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Euratex Corp.	
Street and No.	
4826 Greenville Ave	
City, State and ZIP Code	
Dallas, TX 75206	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to:		4. Article Number	
Euratex Corp.		P 556 000 770	
4826 Greenville Ave.		Type of Service:	
Dallas, TX 75206		<input type="checkbox"/> Registered <input type="checkbox"/> Insured	
Attention: Land Manager		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
		<input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>			
5. Signature — Addressee		8. Addressee's Address (ONLY if requested and fee paid)	
Signature of Agent			
Date of Delivery			

Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT



P 556 000 771

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

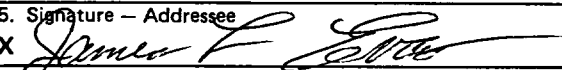
PS Form 3800, June 1985

Sent to <b>James L. Evans</b>	
Street and Box <b>P.O. Box 1029</b>	
City, State and ZIP Code <b>Eunice, NM 88231</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to:  <b>James L. Evans</b> <b>P. O. Box 1029</b> <b>Eunice, NM 88231</b>		4. Article Number  <b>P 556 000 771</b>	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature — Addressee <b>X</b> 		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent <b>X</b>			
7. Date of Delivery			

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Exxon Co., USA</b>	
Street and P.O. Box 1600 <b>Midland, Texas 79702-1600</b>	
P.O. State and ZIP Code <b>Attention: T. E. Alford,</b>	
<b>Land &amp; Regulatory Affairs</b>	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom. Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. ↑(Extra charge)↑	2. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑
--	---

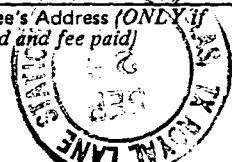
3. Article Addressed to:  Exxon Co., USA P. O. Box 1600 Midland, Texas 79702-1600 Attention: T. E. Alford, Land & Regulatory Affairs	4. Article Number P 556 000 772  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature — Agent X <i>D. Gary</i>	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
7. Date of Delivery: <b>SEP 25 1990</b>	

RECEIPT FOR CERTIFIED MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to <b>Bert Fields, Jr.</b>	
State <b>TX</b> <b>1805 NP</b> <b>1805 NP</b> <b>Preston Road</b>	
<b>Dallas, TX 75230</b>	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p>	
<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery            ↑(Extra charge)↑   ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p>Bert Fields, Jr.          11835 Preston Road          Dallas, TX 75230</p>	<p>4. Article Number</p> <p>P 556 000 773</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered                      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified                         <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p>
<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (<u>ONLY if requested and fee paid</u>)</p> 
<p>6. Signature — Agent</p> <p><i>[Signature]</i></p>	
<p>7. Date of Delivery</p> <p>9/26/80</p>	

PS Form 3811, Mar. 1987.

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

**DOMESTIC RETURN RECEIPT**

P 556 000 775

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
L. R. French	
Street and No. Box 11327	
Midland, Texas 79702	
P.O., State and Zip Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to: L. R. French P. O. Box 11327 Midland, Texas 79702		4. Article Number P 556 000 775
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X		Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature — Agent X <i>W. C. Jett</i>		8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery SEP 25 1990		

PS Form 3811, Mar. 1987

U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 556 000 776

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
General Operating Co.	
Street and No.	
P. O. Box 877	
City, State and Zip Code	
Wichita Falls, TX 76307	
Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>General Operating Co. P. O. Box 877 Wichita Falls, TX 76307 Attention: Land Mgr</p>	<p>4. Article Number</p> <p>P 556 000 776</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature - Addressee</p> <p>X <i>[Signature]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>9-26-90</p>	

P 556 000 777

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985  
U.S.G.P.O. 1989-234-555

To Charles B. Gillespie, Jr.	
P. O. Box 8	
Midland, Texas 79702	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to: Charles B. Gillespie, Jr. P. O. Box 8 Midland, Texas 79702		4. Article Number P 556 000 777	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X Vicki Cunningham			
7. Date of Delivery 9-27-90			

P 556 000 778

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

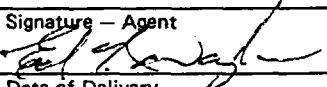
PS Form 3800, June 1985

Sent to	
John S. Goodrich	
Street and No.	
4000 N. Big Spring, Ste 109	
City, State and ZIP Code	
Midland, Texas 79705	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
↑(Extra charge)↑      ↑(Extra charge)↑

3. Article Addressed to:  John S. Goodrich 4000 N. Big Spring, Suite 109 Midland, Texas 79705	4. Article Number P 556 000 778  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <b>43</b>  Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X 	
7. Date of Delivery  9-25-90	



P 556 000 779

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555


PS Form 3800, June 1985

Sent to Grace Petroleum Corp	
6501 N. Broadway	
Oklahoma City, OK 73116	
P.O. State and ZIP Code	
Attn: David K. Pinson, Land	
Postage	\$ MGR
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
↑(Extra charge)↑      ↑(Extra charge)↑

3. Article Addressed to:  Grace Petroleum Corp 6501 N. Broadway Oklahoma City, OK 73116 Attn: David K. Pinson, Land Mgr		4. Article Number  P 556 000 779	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)  	
6. Signature — Agent X <i>Pat. Burk</i>			
7. Date of Delivery			

PS Form 3811, Mar. 1987

\* U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

P 556 000 780

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985  
U.S.G.P.O. 1989-234-555

Sent to <b>Bill J. Graham Oil &amp; Gas</b>	
Street and No Box 7037	
City, State and Zip <b>Midland, Texas 79708</b>	
Pay to order of <b>Land Manager</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <span style="margin-left: 100px;">2. <input type="checkbox"/> Restricted Delivery</span>  <span style="margin-left: 100px;">↑(Extra charge)↑</span> <span style="margin-left: 100px;">↑(Extra charge)↑</span></p>	
<p>3. Article Addressed to:</p> <p><b>Bill J. Graham Oil &amp; Gas</b>  <b>P. O. Box 7037</b>  <b>Midland, Texas 79708</b>  <b>Attention: Land Manager</b></p>	<p>4. Article Number</p> <p><b>P 556 000 780</b></p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <span style="margin-left: 100px;"><input type="checkbox"/> Insured</span>  <input checked="" type="checkbox"/> Certified <span style="margin-left: 100px;"><input type="checkbox"/> COD</span>  <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature — Addressee</p> <p><b>X</b></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p><b>X</b> <i>Tommy Boyte</i></p>	
<p>7. Date of Delivery</p> <p><b>7-26-90</b></p>	

P 556 000 781

**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

U.S.G.P.O. 1989-234-555

Sent to Great Western Drilling Co.	
Street and Box 1659	
Midland, Texas 79702	
Attention: P. L. Shanahan	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to: Great Western Drilling Co. P. O. Box 1659 Midland, Texas 79702 Attention: P. L. Shanahan		4. Article Number P 556 000 781
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>P. L. Shanahan</i>		
7. Date of Delivery SEP 25 1990		

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

P 556 000 782

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to Ernest Hanson	
Petroleum Building	
67 Riverside Drive	
Roswell, NM 88201	
Attn: Fred Tyner, Landman	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Ernest A. Hanson Petroleum Building 67 Riverside Drive Roswell, NM 88201 Attention: Fred Tyner, Landman		4. Article Number P 556 000 782	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>F. Chaveland</i>			
7. Date of Delivery 9/25/90			

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 783

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Harris &amp; Walton</b>	
P. O. Box 187 Street and No.	
<b>Midland, Texas 79702</b>	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<b>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</b> Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: <b>Harris &amp; Walton P. O. Box 187 Midland, Texas 79702</b>	4. Article Number <b>P 556 000 783</b>
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>	
5. Signature — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b> <i>[Signature]</i>	
7. Date of Delivery <b>SEP 25 1990</b>	
PS Form 3811, Feb. 1986	
DOMESTIC RETURN RECEIPT	

P 556 000 785

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

Form 3800, June 1985

Sent to Hawkins Oil & Gas Inc.	
Street and No. 400 S. Boston, Suite 800	
City, State, and Zip Tulsa, OK 74103	
Post Office and Zip Post Office B. Hawkins	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Hawkins Oil & Gas Inc. 400 S. Boston, Suite 800 Tulsa, OK 74103 Attention: John B. Hawkins	4. Article Number P 556 000 785
5. Signature - Addressee <i>[Signature]</i>	Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature - Agent <i>[Signature]</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery SEP 20 1989	8. Addressee's Address (ONLY if requested and fee paid) EA

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 786

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
John H. Hendrix Corp	
223 W. Wall, Suite 525	
Midland, Texas 79701	
Attn: Ronnie Westbrook	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

John H. Hendrix Corp  
223 W. Wall, Suite 525  
Midland, Texas 79701  
Attn: Ronnie Westbrook

4. Article Number

P 556 000 786

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9/25/80

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 787

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Highland Produccion Co.	
Street and No.	
810 N. Dixie, Suite 202	
City, State and ZIP Code	
Odessa, TX 79767	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:		4. Article Number	
Highland Production Co.		P 556 - 000 787	
810 N. Dixie, Suite 202		Type of Service:	
Odessa, TX 79767		<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature — Addressee		Always obtain signature of addressee or agent and DATE DELIVERED.	
X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent			
X <i>Alvin R. Mancie</i>			
7. Date of Delivery			
9-25-90			



P 556 000 788

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1985-234-555

Form 3800, June 1985

Sent to T. F. Hodge	
777 Taylor St.	
Fort Worth, TX 76102	
P.O. State and ZIP Code	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

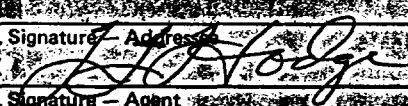
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
T. F. Hodge  
777 Taylor St.  
Fort Worth, Tx 76102

4. Article Number  
P 556 000 788

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**

5. Signature - Addressee  
X 

6. Signature - Agent  
X

7. Date of Delivery  
27 SEP 1985

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 789

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sender Hondo Oil & Gas Co.	
P. O. Box 2208	
Street and No. Roswell, NM **201	
At Attention of: Gene Wentworth	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "P.O. Box" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

☒ 1. Show to whom delivered, date, and addressee's address. ☐ 2. Restricted Delivery.

3. Article Addressed to: Hondo Oil & Gas Co.  
P. O. Box 2208  
Roswell, NM 88201  
Attention: Mr. Gene Wentworth

4. Article Number: P 556 000 789

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee: X

6. Signature - Agent: X Daniel Rodriguez

7. Date of Delivery: 9-25-90

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 248 449 995

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
JFG Enterprises	
Post Office Box 100	
P.O. State and ZIP Code	
Artesia, NM 88211-0100	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:		4. Article Number	
JFG Enterprises		P 248-449-995	
P.O. Box 100		Type of Service:	
Artesia, NM 88211-0100		<input type="checkbox"/> Registered <input type="checkbox"/> Insured	
Attention: Mr. J. T. Jackson, Jr.		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
		<input type="checkbox"/> Express Mail	
5. Signature — Addressee		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
X <i>J. T. Jackson, Jr.</i>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent			
X			
7. Date of Delivery			
10-4-90			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 248 449 996  
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
J. G. Twenty Prop. Inc.	
P. O. Box 755	
P. O. State and Zip Code	
Hobbs, NM 88241	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
U.S.G.P. Postage and Fees	
Postmark for Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to:		4. Article Number	
J. G. Twenty Prop. Inc.		P 248-449-996	
P. O. Box 755		Type of Service:	
Hobbs, NM 88241		<input type="checkbox"/> Registered <input type="checkbox"/> Insured	
Attention: Land Manager		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
		<input type="checkbox"/> Express Mail	
5. Signature — Addressee		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent			
X <i>J. G. Twenty</i>			
7. Date of Delivery			
9-25-90			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

(See Reverse)


PS Form 3800, June 1985

Sent to	
Kaiser Francis Oil	
Street and No	
P. O. Box 84234	
Dallas, Texas 75284	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.  
↑(Extra charge)↑
2. ☐ Restricted Delivery  
↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>Kaiser Francis Oil Co.  P. O. Box 84234  Dallas, Texas 75284  Attention: Land Manager</p>	<p>4. Article Number</p> <p>P 248 449 997</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>
<p>6. Signature — Agent</p> <p>X</p> 	
<p>7. Date of Delivery</p> <p>SEP 25 1990</p>	



P 248 449 999  
**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

To: Charles W. Kemp	
From: 1701 E. Highland Drive Hobbs, NM 88241	
P.O. State and Zip Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.    2. ☐ Restricted Delivery  
 †(Extra charge)†    †(Extra charge)†

3. Article Addressed to: Charles W. Kemp 1701 E. Highland Drive Hobbs, NM 88241	4. Article Number P 248 449 999 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature — Addressee X <i>Charles W. Kemp</i>	Addressee's Address (ONLY if requested and fee paid) <i>5100</i>
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

See Reverse

★ U.S.G.P.O. 1985-480-794

2'S Form 3800, June 1985

Sent to: Kern Co.	
Street and No. 3005 N. Big Spring	
P.O. Sta: Midland, Tx 79705	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery

3. Article Addressed to:

Kern Co.  
3005 N. Big Spring  
Midland, Texas 79705

4. Article Number

P 248 450 000

Type of Service:

☐ Registered      ☐ Insured☒ Certified ☐ COD☐ Express Mail

Always obtain signature of addressee  
or agent and DATE DELIVERED.

**5. Signature – Addressee**

**X**

6. Signature - Agent

**X**

7. Date of Delivery

8. Addressee's Address (*ONLY if requested and fee paid*)



P 248 450 001

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
Kerr McGee Corp	
P. O. Box 25861	
Oklahoma City, OK 73125	
Attention: Land Manager	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>Kerr Mc Gee Corp. P. O. Box 25861 Oklahoma City, OK 73125 Attention: Land Manager</p>	<p>4. Article Number</p> <p>P 248 450 001</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <span style="margin-left: 50px;"><input type="checkbox"/> Insured</span></p> <p><input checked="" type="checkbox"/> Certified <span style="margin-left: 50px;"><input type="checkbox"/> COD</span></p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X</p>	
<p>7. Date of Delivery</p>	



P 248 450 002

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
Kirby Exploration Co.	
1775 St. James Place, Suite 300	
P.O. State and ZIP Code Houston, Texas 77056	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Kirby Exploration Co. 1775 St. James Place, Suite 300 Houston, Texas 77056		4. Article Number P 248 450 002
5. Signature — Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature — Agent X		
7. Date of Delivery 11/24/90		
		8. Addressee's Address (ONLY if requested and fee paid)

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

★ U.S.G.P.O. 1985-480-794

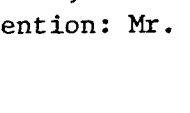
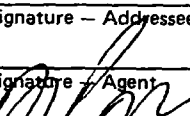

PS Form 3800, June 1985

Sent to: Lanexco Inc.	
Street: P.O. Box 2730	
Midland, Texas 79702	
P.O. Attention: Tommy Phipps	
Postage	\$
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
   ↑(Extra charge)†   ↑(Extra charge)†

3. Article Addressed to:  Lanexco Inc. P. O. Box 2730 Midland, Texas 79702 Attention: Mr. Tommy Phipps	4. Article Number P 248 450 003  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X 	Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>
6. Signature — Agent X 	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )   
7. Date of Delivery 	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

## DOMESTIC RETURN RECEIPT

MAIL INSURANCE COVERAGE PROVIDED  
FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to	
Sidney Lanier	
P.O. Box 755	
Hobbs, NM 88241	
P.O., State and ZIP Code	
Postage	\$
Deferred Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<b><u>SENDER:</u></b> Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.	
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. †(Extra charge)†	2. <input type="checkbox"/> Restricted Delivery †(Extra charge)†
3. Article Addressed to:  Sidney Lanier P. O. Box 755 Hobbs, NM 88241	4. Article Number  P 248 450 004 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X	Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>
6. Signature — Agent X [Signature]	8. Addressee's Address ( <u>ONLY if requested and fee paid</u> )
7. Date of Delivery [Signature] 9-25-90	

P 248 450 006  
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to	
Bernard B. Lankford, Jr.	
P.O. Box 238	
Midland, Texas 79702	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to:  Bernard B. Lankford, Jr. P. O. Box 238 Midland, Texas 79702	4. Article Number  P 248 450 005 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Chuma Ward</i>	
7. Date of Delivery <i>P-25-90</i>	

P 556 000 963

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Late Oil Co.	
Street and No. 5646 Milton, Suite 800	
P.O., State and ZIP Code Dallas, Texas 75206	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

<b>3. Article Addressed to:</b>  Late Oil Co. 5646 Milton, Suite 800 Dallas, Texas 75206	<b>4. Article Number</b> P 556 000 963  <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise  Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature — Address</b> X	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> X <i>Steven McKinnold</i>	
<b>7. Date of Delivery</b> 10-9-90	

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

**DOMESTIC RETURN RECEIPT**

P 248 450 007

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to: Russell E. Leaser	
Street: 1390 Ridge Road	
City: Littleton, CO 80120	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to:  Russell E. Leaser 1390 Ridge Road Littleton, CO 80120	4. Article Number P 248 450 007 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature - Addressee X <i>Russell E. Leaser</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery <i>9/27</i>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 248 450 008

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

\* U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to: <b>Bill C. &amp; Linda Lewallen</b>	
Street and No.: <b>Lewallen Supply</b>	
<b>281 Main</b>	
P.O. and ZIP: <b>Jal, NM 88252</b>	
Postage	\$
Certified Fee	
Specia. Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

+

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery              *(Extra charge)†      †(Extra charge)†</p>	
<p>3. Article Addressed to:</p> <p><b>Bill C. &amp; Linda Lewallen</b>  <b>Lewallen Supply</b>  <b>218 Main</b>  <b>Jal, NM 88252</b></p>	<p>4. Article Number</p> <p><b>P 248 450 008</b></p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature — Addressee</p> <p>X <i>Linda Lewallen</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p><b>9-25-90</b></p>	



P 556 000 647

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to C. E. Long, Jr.	
Street/P.O. Box 1943	
Midland, Texas 79702	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p>C. E. Long, Jr. P. O. Box 1943 Midland, Texas 79702</p>	<p>4. Article Number</p> <p>P 556 000 647</p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p>
<p>6. Signature - Agent</p> <p>X</p>	<p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>7. Date of Delivery</p> <p>SEP 25 1990</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>

P 556 000 648

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to M & B Petroleum	
Street and No. Box 755	
Hobbs, NM 88241	
P.O., State and ZIP Code	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
↑(Extra charge)↑      ↑(Extra charge)↑

3. Article Addressed to: M & B Petroleum P. O. Box 755 Hobbs, NM 88241		4. Article Number P 556 000 648
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X		6. Always obtain signature of addressee for agent and <b>DATE DELIVERED.</b>
6. Signature — Agent X <i>[Signature]</i>		
7. Date of Delivery 9-25-90		
		8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 556 000 649

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1988-234-555

PS Form 3800, June 1985

Sent to: MKA Oil Properties	
Street and No.: 500 W. Texas, Suite 1230	
City, State, and Zip: Midland, Texas 79701	
P.O. Address: Attention: Mr. Michael Kleine	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to:  MKA Oil Properties 500 W. Texas, Suite 1230 Midland, Texas 79701 Attention: Mr. Michael Kleine		4. Article Number P 556 000 649	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature — Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent X <i>[Signature]</i>			
7. Date of Delivery 9-25			

P 556 000 650

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

Form 3800, June 1985

Sent to <b>Magnatex Corp.</b>	
Street and No. <b>One Marienfeld Place, Suite 405</b>	
City, State, and Zip <b>Midland, Texas 79701</b>	
Attention: <b>Land Manager</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.    2. ☐ Restricted Delivery  
↑(Extra charge)↑    ↑(Extra charge)↑

3. Article Addressed to: <b>Magnatex Corp. One Marienfeld Place, Suite 405 Midland, Texas 79701 Attention: Land Manager</b>	4. Article Number <b>P 556 000 650</b>
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b> <i>Tassy Miller</i>	
7. Date of Delivery <i>9/25/90</i>	

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Maralo, Inc.	
Street 223 No. W. Wall, 9th Floor	
Midland, Texas 79701	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p>	
<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. †(Extra charge)†</p>	<p>2. <input checked="" type="checkbox"/> Restricted Delivery †(Extra charge)†</p>
<p>3. Article Addressed to:  Maralo, Inc. 223 W. Wall, 9th Floor Midland, TX 79701 Attention: Land Manager</p>	<p>4. Article Number P 556 000 651</p> <p>Type of Service:  <input type="checkbox"/> Registered      <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail         </p> <p>Always obtain signature of addressee or Agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature — Addressee X</p>	<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)</p>
<p>6. Signature — Agent X <i>[Signature]</i></p>	
<p>7. Date of Delivery <i>9/25/80</i></p>	

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

## DOMESTIC RETURN RECEIPT

P 556 000 822

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

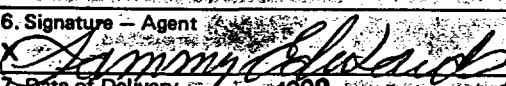

(See Reverse)

PS Form 3800, June 1985

Sent to Marathon Oil Co	
Street and No. P.O. Box 552	
P.O., State and ZIP Code Midland, Texas 79702	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Marathon Oil Co P.O. Box 552 Midland, Texas 79702		<b>4. Article Number</b> P 556 000 822
<b>5. Signature — Addressee</b> X		<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
<b>6. Signature — Agent</b> 		<b>8. Addressee's Address (ONLY if required and fee paid)</b> 
<b>7. Date of Delivery</b> SEP 25 1990		

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 652

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Marabob Energy Corp.	
P. O. Drawer 217	
Artesia, NM 88210-0217	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to:	4. Article Number
Marabob Energy Corp. P. O. Drawer 217 Artesia, NM 88210-0217 Attention: Land Manager	P 556 000 652
5. Signature — Addressee	Type of Service:
X	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
6. Signature — Agent	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
X <i>Delroy Rich</i>	<input type="checkbox"/> Express Mail
7. Date of Delivery	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
9-25-90	8. Addressee's Address (ONLY if requested and fee paid)

P 556 000 653

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to	
Martindale Petrol Corp.	
Street and No.	
P. O. Box 2403	
P.O. State and ZIP Code	
Hobbs, NM 88241-2403	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this from being returned to you. The return receipt fee will provide you the name of the person ordered to and the date of delivery. For additional fees the following services are available. Consult master for fees and check box(es) for additional service(s) requested.

Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
†(Extra charge)† †(Extra charge)†

Article Addressed to:  
Martindale Petroleum Corp.  
P. O. Box 2403  
Hobbs, NM 88241-2403  
Attention: Land Manager

4. Article Number  
P 556 000 653

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

Signature — Addressee

Signature — Agent

Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

SEP 26 1980

Form 3811, Mar. 1987

U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**



P 556 000 654

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Dallas McCasland</b>	
Street No. <b>1000 Avenue J</b>	
City, State and ZIP Code <b>Eunice, NM 88231</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to: <b>Dallas McCasland 1000 Avenue J Eunice, NM 88231</b>	4. Article Number <b>P 556 000-654</b>
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b> <i>Aileen Crowlee</i>	
7. Date of Delivery	





P 556 000 657

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Meridian Oil Inc.</b>	
Street and City <b>801 Cherry St.</b>	
P.O., State and ZIP Code <b>Ft. Worth, TX 76102</b>	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: <b>Meridian Oil Inc. 801 Cherry Street Ft. Worth, TX 76102 Attention: Land Manager</b>		4. Article Number <b>P 556 000 657</b>	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee <b>X</b>		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent <b>X</b> <i>C. Gower</i>			
7. Date of Delivery <b>SEP 27 1990</b>			

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

**RECEIPT FOR CERTIFIED MAIL**

U.S.G.P.O. 1989-234-555

Form 3800, June 1985PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985

Sent to	
Mesa Oil Co., Inc.	
4701 Broadway SE	
Albuquerque, NM 87105	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

DOMESTIC RETURN RECEIPT

P 556 000 660

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Mobil Oil Corp	
P.O. Box 101383	
Atlanta, GA 30392-1383	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p>Mobil Oil Corp P. O. Box 101383 Atlanta, GA 30392-1383 Attention: Land Manager</p>	<p>4. Article Number</p> <p>P 556 000 660</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature — Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>L. Laster</i></p>	
<p>7. Date of Delivery</p> <p>SEP 20 1990</p>	

P 556 000 661

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Mobil Producing, TX & NM	
P. O. Box 650232	
Dallas, Texas 75265-0232	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to: Mobil Producing, TX & NM P. O. Box 650232 Dallas, Texas 75265-0232 Attention: Land Manager	4. Article Number P 556 000 661
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery SEP 27 1990	





P 556 000 663

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to National Cooperative Refining	
Street, Apt. or P.O. Box P.O. Box 1404	
City, State and ZIP Code McPherson, KS 67460	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

3. Article Addressed to: National Cooperative Refining P. O. Box 1404 McPherson, KS 67460 Attention: Land Manager		4. Article Number P 556 000 663
5. Signature — Addressee <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature — Agent X		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery SEP 26 1990		8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**







P 556 000 667

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Oryx Energy Co.</b>	
<b>P.O. Box 1861</b>	
<b>Midland, TX 79702-1861</b>	
R.O. State and ZIP Code <b>Attention: Michael Barron</b>	
Postage	<b>Prod/Land Coord</b>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p><b>Oryx Energy Co.</b> <b>P. O. Box 1861</b> <b>Midland, Texas 79702-1861</b> <b>Attention: Michael Barron</b> <b>Production/Land Coord.</b></p>	<p>4. Article Number</p> <p><b>P 556 000 667</b></p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature -- Addressee</p> <p><b>X</b></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature -- Agent</p> <p><b>X</b></p>	
<p>7. Date of Delivery</p> <p><b>SEP 25 1990</b></p>	

P 556 001 005

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to <b>OXY USA, Inc.</b>	
Street and No. <b>P. O. Box 50250</b>	
P.O., State and ZIP Code <b>Midland, TX 79710-5025</b>	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <b>OXY USA Inc. P.O. Box 50250 Midland, Texas 79710  AttN: Rick Foppiano</b>		4. Article Number <b>P 556 000 908</b>
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
5. Signature — Address <b>X</b> <i>M. Bonds</i>	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent <b>X</b>		
7. Date of Delivery <b>9/27/90</b>		

P 556 000 668

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

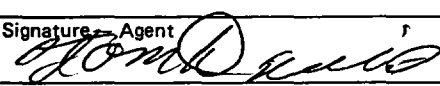
PS Form 3800, June 1985  
U.S.G.P.O. 1989-234-555

Sent to <b>Pacific Ent. Oil Co., USA</b>	
Street and No. Box 21338, Drawer 110	
Tulsa, OK 74121-1338	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery  
↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to:  Pacific Ent. Oil Co., USA P. O. Box 21338, Drawer 110 Tulsa, OK 74121-1338 Attention: Land Manager		4. Article Number P 556 000 668	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature - Addressee X		8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - Agent X 			
7. Date of Delivery			





P 556 000 670

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Pan American Corp.	
3211 Southland Center	
Dallas, Texas 75201	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:</p> <p>Pan American Corp 3211 Southland Center Dallas, Texas 75201 Attention: Land Manager</p>	<p>4. Article Number</p> <p>P 556 000 670</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b></p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent</p> <p>X <i>M. Mc Keller</i></p>	
<p>7. Date of Delivery</p> <p><i>9-26-90</i></p>	

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

**DOMESTIC RETURN RECEIPT**

RECEIPT FOR CERTIFIED MAIL  
POSTAGE PROVIDED

U.S. GPO. 1989-234-555

U.S.G.P.O. 1989-234-555 PS Form 3800, June 1985	Sent to <b>Robert L. Parker Trust Co.</b>	
	Street and City <b>8 East Third Tulsa, Ok 74103</b>	
	P.O., State and ZIP Code <b>Attention: Land Mgr</b>	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		

PS Form 3800, June 1985

<p><b>SENDER:</b> Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.</p>	
<p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p>	
<p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery             ↑(Extra charge)↑   ↑(Extra charge)↑</p>	
<p>3. Article Addressed to:  Robert L. Parker Trust Co. 8 East Third Tulsa, OK 74103 Attention: Land Manager</p>	<p>4. Article Number  P 556 000 672</p> <p>Type of Service:  <input type="checkbox"/> Registered                                  <input type="checkbox"/> Insured  <input checked="" type="checkbox"/> Certified                                      <input type="checkbox"/> COD  <input type="checkbox"/> Express Mail</p>
<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature — Addressee  X</p>	<p>8. Addressee's Address (<i>ONLY if requested and fee paid</i>)  </p>
<p>6. Signature — Agent  X </p>	
<p>7. Date of Delivery  </p>	



P 556 000 674

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1985-234-555

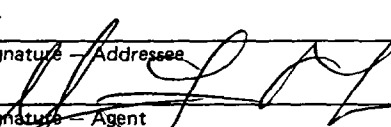
Sent to	
Penroc Oil Corp	
P. O. Box 5879	
Hobbs, NM 88241	
P. O. Attention: Land Manager	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

PS Form 3800, June 1985

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Item 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent a card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
↑(Extra charge)↑      ↑(Extra charge)↑

3. Article Addressed to:		4. Article Number	
Penroc Oil Corp P. O. Box 5879 Hobbs, NM 88241 Attention: Land Manager		P 556 000 674	
		Type of Service:	
		<input type="checkbox"/> Registered <input type="checkbox"/> Insured	
		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
		<input type="checkbox"/> Express Mail	
5. Signature — Addressee		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
X 			
6. Signature — Agent		8. Addressee's Address (ONLY if requested and fee paid)	
X			
7. Date of Delivery			
9-25-90			



NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Ray A. Pierce	
Street and No.	
P. O. Box 1969	
Eunice, NM 88231	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
 †(Extra charge)† †(Extra charge)†

3. Article Addressed to:

Ray A. Pierce  
P. O. Box 1969  
Eunice, NM 88231

4. Article Number

P 556 000 676

Type of Service:

☐ Registered      ☐ Insured  
☒ Certified      ☐ COD  
☐ Express Mail

Always obtain signature of addressee  
or agent and DATE DELIVERED.

5. Signature – Addressee

X Mr. H. H. H. H. H.  
6. Signature - Agent  
X

6. Signature - Agent

**X**

**7. Date of Delivery**

8. Addressee's Address (*ONLY if requested and fee paid*)





P 556 000 678

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to <b>C. C. Pollard</b>	
Street and No. <b>Box 1567</b>	
City, State and ZIP Code <b>Fort Stockton, Tx 79735</b>	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. ☐ Restricted Delivery  
↑(Extra charge)↑

<p>3. Article Addressed to:</p> <p><b>C. C. Pollard</b> <b>P. O. Box 1567</b> <b>Fort Stockton, TX 79735</b></p>	<p>4. Article Number</p> <p><b>P 556 000 678</b></p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature — Addressee</p> <p><i>C. C. Pollard</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p><b>X</b></p>	
<p>7. Date of Delivery</p> <p><b>OCT 1 1990</b></p>	



RECEIPT FOR CERTIFIED MAIL

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985PS Form 3811, Mar. 1987

★ U.S.G.P.O. 1987-178-268

**DOMESTIC RETURN RECEIPT**

P 556 000 681

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Cecil J. Rhodes</b>	
Street <b>511 West Texas</b>	
City, State and ZIP Code <b>Midland, Texas 79701</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.      2. ☐ Restricted Delivery  
↑(Extra charge)↑      ↑(Extra charge)↑

<b>3. Article Addressed to:</b>  Cecil J. Rhodes 511 West Texas Midland, Texas 79701 H3	<b>4. Article Number</b> P 556 000 681 <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature — Addressee</b> X	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> X <i>Paul Burns</i>	
<b>7. Date of Delivery</b> 9/25/90	

PS Form 3800, June 1985  
U.S.G.P.O. 1989-234-555

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Rice Engineering & Optg, Inc.	
9019 W. Co. Rd. North Odessa, TX 79764	
Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. ↑(Extra charge)↑	2. <input type="checkbox"/> Restricted Delivery ↑(Extra charge)↑
--	---

3. Article Addressed to:  Rice Engineering & Optg, Inc. 9019 W. County Rd. North Odessa, TX 79764 Attention: Land Mgr	4. Article Number P 556 000 682  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Addressee X	8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )
6. Signature — Agent <i>Weide Shurtz</i>	
7. Date of Delivery 9-25-80	

P 556 000 683

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555


PS Form 3800, June 1985

Sent To: Rodman Petroleum Corp	
P. O. Box 12250	
Street and No.: Odessa, TX 79768	
P.O., State and Zip Code: Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Rodman Petroleum Corp P. O. Box 12250 Odessa, Texas 79768 Attention: Land Mgr		<b>4. Article Number</b> P 556 000 683	
<b>5. Signature - Addressee</b> <input checked="" type="checkbox"/>		<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
<b>6. Signature - Agent</b> <input checked="" type="checkbox"/> Edna Harrington		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
<b>7. Date of Delivery</b>		<b>8. Addressee's Address ONLY if requested (see fee card)</b> 	

P 556 000 684

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Roma Oil & Gas Co.	
8620 N. New Braunfels, Ste 601	
San Antonio, TX 78217	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
Roma Oil & Gas Co.  
8620 N. New Braunfels, Ste 601  
San Antonio, TX 78217  
Attention: Land Manager

4. Article Number  
P 556 000 684

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

3/29/90

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



P 556 000 685

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Saba Energy Inc.	
Street and No. 5525 N. McArthur Blvd., Suite 480	
City, State, and ZIP Code Irving, TX 75083	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Saba Energy Inc. 5525 N. McArthur Blvd., Suite 480 Irving, TX 75083 Attention: Land Mgr.		4. Article Number P 556 000 685	
		Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	
5. Signature — Addressee X <i>Charlotte Cogburn</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature — Agent <i>Charlotte Cogburn</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 6-10-86			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 686

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sage Energy	
10101 Reunion Place	
Suite 800	
San Antonio, TX 78216	
Attn: Ronald G. Tefteller	
Postage	V. Pres-Land s
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

<input type="checkbox"/> 1. Show to whom delivered, date, and addressee's address.		<input type="checkbox"/> 2. Restricted Delivery.	
3. Article Addressed to: Sage Energy 10101 Reunion Place Suite 800 San Antonio, TX 78216 Attention: Mr. Ronald G. Tefteller V. Pres-Land		4. Article Number P 556 000 686 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature - Addressee X		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent X <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid) <i>[Signature]</i>	
7. Date of Delivery <i>[Signature]</i>			

P 556 000 687

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Samedan Oil Corp	
Department 0747	
Dallas, TX 75284-0747	
Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Samedan Oil Corp.  
Depart 0747  
Dallas, Texas 75284-0747  
Attention: Land Mgr

4. Article Number

P 556 000 687

Type of Service:

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

SEP 25 1990

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986

DOMESTIC RETURN RECEIPT

P 556 000 688

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Santa Fe Energy Corp.	
1616 S. Voss, Suite 300	
Houston, Tx 77057	
P.O. State and ZIP Code	
Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Santa Fe Energy Corp. 1616 S. Voss, Suite 300 Houston, Texas 77057 Attention: Land Mgr	4. Article Number P 556 000 688  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature - Addressee X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery <i>[Signature]</i>	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 689

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Santa Fe Energy Optg Partners	
500 W. Illinois, Suite 500	
Midland, Texas 79702	
Attention: Vern Dyer	
Postage	Dist Landman
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Santa Fe Energy Optg Partners 500 W. Illinois, Suite 500 Midland, Texas 79702 Attention: Vernon D. Dyer Dist. Landman		4. Article Number P 556 000 689	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
6. Signature - Agent X <i>Handa Nadi</i>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> :	
7. Date of Delivery 9-25-90		8. Addressee's Address (ONLY if requested and fee paid)	

P 556 000 690

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

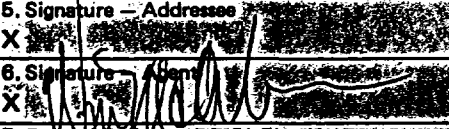

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Santa Fe Exploration Co., Inc.	
P.O. Box 1136 Street and No. Roswell, NM 88201	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Santa Fe Exploration Co., Inc. P.O. Box 1136 Roswell, NM 88201 Attention: Land Mgr		4. Article Number P 556 000 690	
5. Signature — Addressee X 		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature — Sender X 		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 5/25/90			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 691

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>H. F. Schiff</b>	
Street and No. <b>5307 E. Mockingbird Lane</b>	
Suite 1001	
Post Office and ZIP Code <b>Dallas, TX 75206</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: <b>H. F. Schiff</b> <b>5307 E. Mockingbird Lane</b> <b>Suite 1001</b> <b>Dallas, TX 75206</b>		4. Article Number <b>P 556 000 691</b>	
5. Signature - Addressee <b>X</b>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
6. Signature - Agent <b>X</b> <i>John Stephenson</i>		Always obtain signature of addressee or agent and DATE DELIVERED.	
7. Date of Delivery <b>9-26-90</b>		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 692

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Mr. Norman D. Stovall	
Street and No. Box 10	
Graham, TX 76046	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
Mr. Norman D. Stovall  
P. O. Box 10  
Graham, TX 76046

4. Article Number  
P 556 000 692

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

X

8. Addressee's Address (ONLY if requested and fee paid)

6. Signature — Agent

X *Shirley D. Dell*

7. Date of Delivery

SEP 27 1990

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



P 556 000 693

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Shell Western E&P Inc.	
Post Office Box 910204	
Dallas, TX 75391	
P.O. State and ZIP Code Attention: Land Manager	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Shell Western E&P Inc. P.O. Box 910204 Dallas, TX 75391 Attention: Land Mgr	<b>4. Article Number</b> P 556 000 693
<b>5. Signature - Addressee</b> X	<b>Type of Service:</b> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
<b>6. Signature - Agent</b> X	<b>8. Addressee's Address (ONLY if requested and fee paid)</b> 
<b>7. Date of Delivery</b> SEP 26 1990	<b>Always obtain signature of addressee or agent and DATE DELIVERED.</b>

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 694

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Sirgo Operating, Inc.	
Street and No.	
214 W. Texas Ave	
City, State and ZIP Code	
Midland, Texas 79701	
Attention: Manny Sirgo	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Sirgo Operating Inc.  
214 W. Texas Ave  
Midland, Texas 79701  
Attention: Manny Sirgo

4. Article Number

P 556 000 694

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

X

6. Signature — Agent

X

P. Redman

7. Date of Delivery

9-25-80

8. Addressee's Address (ONLY if requested and fee paid)

Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 695

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Smith & Marrs, Inc.

Post to  
P. O. Box 863

Kermit, TX 79745

P.O., State and ZIP Code

Postage S

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing  
to whom and Date Delivered

Return Receipt showing to whom,  
Date, and Address of Delivery

TOTAL Postage and Fees S

Postmark or Date

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Smith & Marrs, Inc.

P. O. Box 863

Kermit, Texas 79745

4. Article Number

P 556 000 695

Type of Service:

- ☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

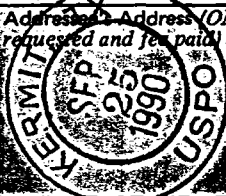
X

6. Signature — Agent

X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)



P 556 000 696

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to Southland Royalty Co	
Street and Box 910497	
Dallas, TX 75391-0497	
Post Office ZIP Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Southland Royalty Co.  
P. O. Box 910497  
Dallas, TX 75391-0497  
Attention: Land Manager

4. Article Number

P 556 000 696

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

SEP 26 1990

8. Addressee's Address (ONLY if requested and fee paid)

P 556 000 697

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Tahoe Energy Inc.</b>	
<b>3909 W. Industrial</b>	
<b>Midland, Texas 79703</b>	
P.O. State and ZIP Code <b>Atten: Mr. K. A. Freeman</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

**Tahoe Energy Inc.**  
**3909 W. Industrial**  
**Midland, Texas 79703**  
**Attention: Mr. K. A. Freeman**

4. Article Number

P 556 000 697

Type of Service:

- ☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

1/25

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 698

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Tahoe Oil &amp; Cattle Co.</b>	
<b>3409 W. Industrial</b>	
<b>Midland, Texas 79703</b>	
P.O., State and ZIP Code <b>Attention: Land Manager</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
**Tahoe Oil & Cattle Co.  
3409 W. Industrial  
Midland, Texas 79703  
Attention: Land Manager**

4. Article Number  
**P 556 000 698**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
**X**

6. Signature - Agent  
**X** *James Domb*

7. Date of Delivery  
**9-27-80**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 699

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Tempo Energy Inc.	
4000 N. Big Spring, Ste 109	
Midland, Texas 79705	
P.O. State and ZIP Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Tempo Energy Inc 4000 N. Big Spring, Suite 109 Midland, Texas 79705 Attention: Land Manager		4. Article Number P 556 000 699	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature - Addressee X		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent X <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 9-25-90			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 964

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Tenneco Gas co.</b>	
Street and No. <b>P. O. Box 2511</b>	
P.O. State and ZIP Code <b>Houston, Texas 77252-2511</b>	
Postage	\$
<b>Attn: Land Manager for NM</b>	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <b>Tenneco Gas co.</b> <b>P. O. Box 2511</b> <b>Houston, Texas 77252-2511</b>  <b>Attn: Land Manager for NM</b>		4. Article Number <b>P 556 000 964</b>
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature — Address <b>X</b>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
6. Signature — Agent <b>X</b>		
7. Date of Delivery <b>6-10-1990</b>		
8. Addressee's Address (ONLY if requested and fee paid)		



P 556 000 700

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Tenneco Oil</b>	
Street and No. <b>P.O. Box 730089</b>	
City, State and Zip Code <b>Dallas, Texas 75373-0089</b>	
Attention: Land Manager-NM	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: <b>Tenneco Oil Co. P.O. Box 730089 Dallas, Texas 75373-0089 Attention: Land Manager for NM</b>	4. Article Number <b>P 556 000 700</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b>	
7. Date of Delivery <b>SEP 25 1990</b>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 701

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Texaco USA, Inc.	
Street and No.	
P.O. Box 526245	
Houston, Texas 77052-6245	
P.O. State and ZIP Code	
Attention: Land Manager-NM	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:		4. Article Number	
Texaco USA, Inc.		P 556 000 701	
P.O. Box 526245		Type of Service:	
Houston, TX 77052-6245		<input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured	
Attention: Land Manager - NM		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
		Always obtain signature of addressee or agent. <b>POSTAGE DELIVERED.</b>	
5. Signature - Addressee		6. Addressee's Address (ONLY if requested and fee paid)	
X [Signature]		[Signature]	
6. Signature - Agent			
X [Signature]			
7. Date of Delivery			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 821

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Texaco Producing</b>	
Street and No. <b>P.O. Box 2100</b>	
P.O. State and ZIP Code <b>Denver, Colorado 80201</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b>  <b>Tecaco Producing</b> <b>P.O. Box 2100</b> <b>Denver, Colorado 80201</b> <b>Attn: Landman for NM</b>	<b>4. Article Number</b> <b>P 556 000 821</b>  <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
<b>5. Signature - Addressee</b> <b>X</b>	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature - Agent</b> <b>X</b> <i>D. E. Cox</i>	
<b>7. Date of Delivery</b> <b>1-10-1-90</b>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 704

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Dwight A. Tipton</b>	
Post Office Box 1025 <b>Lovington, NM 88260</b>	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

**3. Article Addressed to:**

**Dwight A. Tipton**  
**P.O. Box 1025**  
**Lovington, NM 88260**

**4. Article Number**

**P 556 000 704**

**Type of Service:**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

**5. Signature — Addressee**

X **Dwight Tipton**

**6. Signature — Agent**

X

**7. Date of Delivery**

**9-26-90**

**8. Addressee's Address (ONLY if requested and fee paid)**

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 705

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to TRES Oil Co.	
Street 720 Taft Blvd.	
City, State and ZIP Code Wichita Falls, TX 76308	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: TRES Oil Co. 720 Taft Blvd. Wichita Falls, TX 76308 Attention: Land Manager		4. Article Number P 556 000 705
5. Signature of Addressee X <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature of Agent X <i>[Signature]</i>		Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery SEP 26 1990		8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986

DOMESTIC RETURN RECEIPT

P 556 000 706

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	
Triton Oil & Gas Corp &	
Triton Energy	
1000 Two Energy Square	
4849 Greenville Ave	
Dallas, TX 75206	
Attention: Land Manager	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Triton Oil & Gas Corp & Triton Energy 1000 Two Energy Square 4849 Greenville Ave Dallas, Texas 75206 Attention: Land Manager	4. Article Number P 556 000 706 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 9-26-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT



P 556 000 707

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Union Texas Petroleum	
P. O. Box 2120	
Houston, Texas 77252-2120	
Attention: L. C. Scholz	
Director-Land Operations	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
Union Texas Petroleum  
P. O. Box 2120  
Houston, Texas 77252-2120  
Attention: L. C. Scholz  
Director-Land Operations

4. Article Number  
P 556 000 707

5. Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X *Richardson*

7. Date of Delivery  
9-27-80

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT



P 556 000 708

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

US G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Union Texas Petroleum Inc.</b>	
<b>4000 N. Big Spring</b>	
<b>Midland, Texas 79705</b>	
P.O. State and ZIP Code	
<b>Attention: Land Manager</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: <b>Union Texas Petroleum, Inc.</b> <b>4000 N. Big Spring</b> <b>Midland, Texas 79705</b> <b>Attention: Land Manager</b>	4. Article Number <b>P 556 000 708</b>
5. Signature - Addressee <b>X</b>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent <b>X</b> <i>AS RICHARD PERKINS</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery <b>9-25-90</b>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 709

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>V. F. Petroleum Inc.</b>	
Street and No. <b>One Marienfeld Place Suite 580</b>	
City, State and ZIP Code <b>Midland, Texas 79701</b>	
P.O. State and ZIP Code <b>Attention: Land Manager</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

**V. F. Petroleum Inc.**  
**One Marienfeld Place, Suite 580**  
**Midland, Texas 79701**  
**Attention: Land Manager**

4. Article Number

**P 556 000 709**

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

## DOMESTIC RETURN RECEIPT

P 556 000 711

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Sol West III	
c/o Michael Shearn	
4120 Rio Bravo	
Kogerama Bldg, Suite 305	
El Paso, TX 79902-5000	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Sol West III c/o Michael Shearn 4120 Rio Bravo Kogerama Bldg, Suite 305 El Paso, Texas 79902-5000		<b>4. Article Number</b> P 556 000 711 <b>Type of Service:</b> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD
<b>5. Signature — Addressee</b> X <i>[Signature]</i>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .  <b>8. Addressee's Address (ONLY if requested and fee paid)</b> <i>[Signature]</i>
<b>6. Signature — Agent</b> X <i>[Signature]</i>		
<b>7. Date of Delivery</b> 9/26		

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 712

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>V. H. Westbrook</b>	
<b>Post Office Box 2264</b>	
<b>Hobbs, NM 88240</b>	
P.O. State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

**V. H. Westbrook**  
**P. O. Box 2264**  
**Hobbs, NM 88240**

4. Article Number

**P 556 000 712**

Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

**X**

6. Signature — Agent

**X**

7. Date of Delivery

**9-25-90**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 713

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Western Drilling Co.	
211 Cherokee Street	
Longview, TX 75604	
P.O. State and ZIP Code	
Attention: Land Mgr	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Western Drilling Co.  
211 Cherokee Street  
Longview, TX 75604  
Attention: Land Manager

4. Article Number

P 556 000 713

Type of Service:

☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee

6. Signature - Agent (if any)

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN REC

P 556 000 714

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Bruce A. Wilbanks Co.	
Street No. Big Spring, Ste 500 Midland, Texas 79701	
P.O. Box and ZIP Code Attention: Mr. Bruce Wilbanks	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Bruce A. Wilbanks Co.  
505 N. Big Spring, Suite 500  
Midland, Texas 79701  
Attention: Mr. Bruce Wilbanks

4. Article Number

P 556-000 714

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

9-25-90

8. Addressee's Address (ONLY if requested and fee paid)

P 556 000 715

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to Wiser Oil Co.	
Dept. No 454 P	
Pittsburgh, PA 15264	
P.O. State and ZIP Code Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Wiser Oil Co. Dept. L 454 P Pittsburgh, PA 15264 Attention: Land Manager	4. Article Number P 556 000 715
5. Signature of Addressee <input checked="" type="checkbox"/> [Signature]	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature of Agent <input checked="" type="checkbox"/> [Signature]	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
7. Date of Delivery SEP 27 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Rev. 1986

**DOMESTIC RETURN RECEIPT**



P 556 000 716

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Wolverine Oil &amp; Gas Inc</b>	
Street <b>400 1st City Bank Tower</b>	
<b>201 Main Street</b>	
P.O. State and ZIP Code <b>Fort Worth, TX 76102</b>	
Postage <b>Attention: Glenn Adams, Land Mgr</b>	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> <b>Wolverine Oil &amp; Gas Inc.</b> <b>400 1st City Bank Tower</b> <b>201 Main Street</b> <b>Fort Worth, TX 76102</b> <b>Attention: Glenn Adams, Land Mgr</b>		<b>4. Article Number</b> <b>P 556 000 716</b>
<b>5. Signature — Addressee</b> <b>X</b>		<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
<b>6. Signature — Agent</b> <b>X</b> <i>Charles W...</i>		<b>Always obtain signature of addressee or agent and DATE DELIVERED</b>
<b>7. Date of Delivery</b> <b>SEP 28 1990</b>		<b>8. Addressee's Address (ONLY if requested and fee paid)</b>

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 717

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Wood, McShane & Thams 69	
Street and P.O. Box 968	
Monahans, TX 79756	
P.O. State and Zip Code	
Attention: Land Manager	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Wood, McShane & Thams 69 P.O. Box 968 Monahans, TX 79756 Attention: Land Manager	4. Article Number P 556 000 717 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED 8. Addressee's Address ONLY (request and fee paid) USPS
5. Signature - Addressee X <i>Delia G. Gifford</i>	
6. Signature - Agent X <i>Delia G. Gifford</i>	
7. Date of Delivery	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 727

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>XCEL</b>	
Suite 580, 6 Desta Drive Midland, Texas 79705	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: <b>XCEL</b> <b>Suite 580, 6 Desta Drive</b> <b>Midland, Texas 79705</b>	4. Article Number <b>P 556 000 727</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b>	
7. Date of Delivery <b>2-25</b>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 719

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Zachary Oil Operating Co.	
Street and No.	
1212 Commerce Bldg.	
City, State and ZIP Code	
Fort Worth, Tx 76102	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Zachary Oil Operating Co 1212 Commerce Bldg. Fort Worth, TX 76102	4. Article Number P 556 000 719
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <input checked="" type="checkbox"/>	
7. Date of Delivery 28 SEP 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 001 004

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Zia Energy</b>	
Street and No. <b>P. O. Box 2219</b>	
P.O. State and ZIP Code <b>Hobbs, NM 88240</b>	
Postage	<b>S</b>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<b>S</b>
Postmark or Date	

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.      2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p><b>Zia Energy</b></p> <p><b>P. O. Box 2219</b></p> <p><b>Hobbs, NM 88240</b></p>	<p>4. Article Number <b>P556001004</b></p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered      <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified      <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail      <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>.</p>
<p>5. Signature — Address <b>X</b></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent <b>X</b> <i>Maisha Webb</i></p>	
<p>7. Date of Delivery <i>9-28</i></p>	

P 556 000 823

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
El Paso Natural Gas	
Street and No. P.O. Box 1492	
P.O., State and ZIP Code	
El Paso, TX 79978	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

**3. Article Addressed to:**

El Paso Natural Gas Company  
P.O. Box 1492  
El Paso, Texas 79978  
Attn: Land Manager

**4. Article Number**

P 556 000 823

**Type of Service:**

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**

**5. Signature — Addressee**

X

**6. Signature — Agent**

X

**7. Date of Delivery**

SEP 26 1990

**8. Addressee's Address (ONLY if requested and fee paid)**

P 556 000 721

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)



U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Northern Natural Gas Co	
Street 2223 Dodge St.	
City, State and ZIP Code Omaha, NE 68102	
P.O. State and ZIP Code Attention: Gas Pipeline Dept for NM	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Northern Natural Gas Co. 2223 Dodge Street Omaha, NE 68102 Attention: Gas Pipeline Dept for NM	4. Article Number P 556 000 721
5. Signature — Addressee X 	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature — Agent X 	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 18 OCT 01 1990	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 722

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Northern Nat. Gas Co.	
Street and P.O. No. Box 1188	
Houston, Texas 77251-1188	
P.O., State and ZIP Code	
Attention: Robert Hayes	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Northern Natural Gas Co. P. O. Box 1188 Houston, Texas 77251-1188 Attention: Robert Hayes	4. Article Number P 556 000 722 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee <input checked="" type="checkbox"/> X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> X <i>Robert Hayes</i>	
7. Date of Delivery <i>SEP 26 1990</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT



P 556 000 723

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Phillips 66 Natural Gas 4th and Keeler Bartlesville, OK 74004 Attn: Gas Pipeline Dept-NM	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Phillips 66 Natural Gas 4th and Keeler Bartlesville, Ok 74004 Attention: Gas Pipeline Dept -NM	4. Article Number P 556 000 723
5. Signature of Addressee X Shirley Thomas	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature of Agent X	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery X 2-6-1950	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 724

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Sid Richardson Carbon & Gasoline Co. 1st City Bank Tower 201 Main St. Fort Worth, TX 76102 Attention: Wayne Farley	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Sid Richardson Carbon & Gasoline Co. 1st City Bank Tower 201 Main St. Fort Worth, TX 76102 Attention: Wayne Farley		4. Article Number P 556 000 724	
		Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD	
5. Signature — Addressee X		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
6. Signature — Agent X <i>Wayne Farley</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery 9-28-90			

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 725

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Texaco Producing Inc.	
P. O. Box 3000	
Street and No. Tulsa, Ok 74102	
P.O. Attention: Gas Pipeline	
Dept. NM	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
Texaco Producing, Inc.  
P. O. Box 3000  
Tulsa, OK 74102  
Attention: Gas Pipeline Dept for NM

4. Article Number  
P 556 000 725

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

9/26/90

8. Addressee's Address (ONLY if requested and fee paid)

P 556 000 726

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Warren Petroleum Co.	
Street and Box 1589	
Tulsa, Ok 74102	
P.O. State and ZIP Code	
Attention: Gas Pipeline Dept	
Postage	for NM s
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Warren Petroleum Co. P.O. Box 1589 Tulsa, OK 74102 Attention: Gas Pipeline Dept-NM		4. Article Number P 556 000 726	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature - Addressee X		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
6. Signature - Agent X <i>B. Healy</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <i>SEP 28 1994</i>			

P 556 000 718

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>X L Transportation Co.</b>	
Street and NO. Drawer A <b>Jal, NM 88252</b>	
P.O., State, and ZIP Code <b>Attention: Mr. Bill Brininstool</b>	
Postage	<b>5</b>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<b>5</b>
Postmark or Date	

**SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
**X L Transportation Co**  
**P. O. Drawer A**  
**Jal, NM 88252**  
**Attention: Mr. Bill Brininstool**

4. Article Number  
**P 556 000 718**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee  
**X**

6. Signature — Agent  
**Shahna Richey**

7. Date of Delivery  
**9-25-92**

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 790

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	BTA Oil Producers
Street and No.	104 South Pecos
P.O., State and ZIP Code	Midland, Texas 79701
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
BTA Oil Producers  
104 South Pecos  
Midland, Texas 79701  
Attn: Bob Crawford

4. Article Number  
P556 000 790

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature of Addressee

X

6. Signature of Agent

X

7. Date of Delivery

SEP 25 1990

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 791

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Bravo Drilling Company</b>	
Street and No. <b>P.O. Box 1083</b>	
P.O., State and ZIP Code <b>Perryton, TX 79070</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: <b>Bravo Drilling Company P.O. Box 1083 Perryton, Texas 79070</b>		4. Article Number <b>P 556 000 791</b>	
5. Signature of Addressee <b>X</b> <i>[Signature]</i>		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent <b>X</b>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <b>SEP 26 1990</b>			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 792

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Brothers Production Co.</b>	
Street and No. <b>P.O. Box 7515</b>	
P.O., State and ZIP Code <b>Midland, Texas 79708</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: <b>Brothers Production P.O. Box 7515 Midland, Texas 79708</b>		4. Article Number <b>P 556 000 792</b>	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature — Addressee <b>X</b>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
6. Signature — Agent <b>X</b> <i>T. J. McDaniel</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery <b>9-26-90</b>			

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**



P 556 000 793

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to W. A. Chalfant	
Street and P.O. Box 3123	
P.O., State, and ZIP Code Midland, Texas 79702	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

W.A. Chalfant  
P.O. Box 3123  
Midland, Texas 79702

4. Article Number

P 556 000 793

Type of Service:

☐ Registered  
☒ Certified  
☐ Express Mail

☒ Insured  
COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

SEP 28 1990

8. Addressee's Address (ONLY if requested and fee paid)

P 556 000 794

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S. G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Cleary Petroleum	
Street and No	
P.O. Box 545	
P.O. State and ZIP Code	
Commanche, Oklahoma 73259	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U

P 556 000 795

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

Sent to	Compass Exploration
Street and No.	P.O. Box 2357
P.O., State and ZIP Code	Billings, Montana 59103
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Compass Exploration P.O. Box 2357 Billings, Montana 59103	4. Article Number P 556 000 795
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 9-22-70	

PS Form 3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 796

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Cornell Oil	
Street and No	
1800 Oner Galleria Tower	
P.O. State and Zip	
13355 Noel Road Dallas, Texas 75240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Cornell Oil  
1800 One Galleria Tower  
13355 Noel Road  
Dallas, Texas 75240

4. Article Number

P 556 000 796

Type of Service:

☐ Registered  
☒ Certified  
☐ Express Mail

☐ Insured  
☐ COD

Always obtain signature of addressee or agent and **DATE DELIVERED.**

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

9/26

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

P 556 000 799

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Crown Central Petr. Corp	
Street and No. P.O. Box 1168	
P.O., State and ZIP Code Baltimore, Maryland, 21203	
Postage	S
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	S
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Crown Central Petroleum Corp  
P.O. Box 1168  
Baltimore, Maryland, 21203

4. Article Number

P 556 000 799

Type of Service:

☐ Registered  
☒ Certified  
☐ Express Mail

☐ Insured  
☐ COD

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

ROYAL RIDDICK #66

7. Date of Delivery

SEP 27 1990

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 798

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Culbertson Oil Co.</b>	
Street and No. <b>P.O. Box 20008</b>	
P.O., State and ZIP Code <b>Oklahoma City OK 73156</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
**Culbertson Oil Company  
P.O. Box 20008  
Oklahoma City, OK 73156**

4. Article Number  
**P 556 000 798**

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee  
*X [Signature]*

6. Signature - Agent  
*X [Signature]*

7. Date of Delivery  
*9-18-82*

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 800

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to	
I. A. Davidson	
Street and No.	
P.O. Box 494	
P.O. State and ZIP Code	
Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

James A. Davidson  
P.O. Box 494  
Midland, Texas 79702

4. Article Number

P 556 000 800

Type of Service:

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

James L. Crocker

7. Date of Delivery

SEP 25 1990

8. Addressee's Address (ONLY if requested and fee paid)

P 556 000 801

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Dixilyn Corp	
Street and No. P.O. Box 3427	
P.O. State and ZIP Code Odessa, Texas 79761	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Dixilyn Corp  
P.O. Box 3427  
Odessa, Texas 79761

4. Article Number

P 556 000 801

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

7-25-90 X. Hunter

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



P 556 000 802

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

S Form 3800, June 1985

Sent to	
Robert Enfield	
Street and No.	
P.O. Box 2431	
P.O., State and ZIP Code	
Santa Fe, NM 87504	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.


1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
Robert N. Enfield  
P.O. Box 2431  
Santa Fe, New Mexico 87504-2431

4. Article Number  
P 556 000 802

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X 

6. Signature - Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

P 556 000 803

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Enron Oil &amp; Gas</b>	
Street and No. <b>P.O. Box 2267</b>	
P.O. State and ZIP Code <b>Midland, Texas 79702</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

**3. Article Addressed to:**

**Enron Oil & Gas  
P.O. Box 2267  
Midland, Texas 79702**

**Attn: Frank Estep**

**4. Article Number**

**P 556 000 803**

**Type of Service:**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

**5. Signature - Addressee**

**X** *[Signature]*

**6. Signature - Agent**

**X**

**7. Date of Delivery**

**SEP 25 1986**

**8. Addressee's Address (ONLY if requested and fee paid)**

**11-13**

Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 556 000 804

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Greenbrier Co	
Street and No	
2204 Tredington Way	
P.O., State and ZIP Code	
Edmond, Oklahoma 73034	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Greenbrier Co.  
2204 Tredington Way  
Edmond, Oklahoma 73034

4. Article Number

P 556 000 804

Type of Service:

- ☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

X *Barbara S. King*

6. Signature - Agent

X

7. Date of Delivery

9 26 90

8. Addressee's Address (ONLY if requested and fee paid)

P 556 000 805

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to R.F. Hannifin	
Street and No. P.O. Box 218	
P.O., State and ZIP Code Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  R.F. Hannifin P.O. Box 218 Midland, Texas 79702	4. Article Number P 556 000 805  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>	
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery SEP 25 1986	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 806

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Hunt Energy Corp
Street and No.	2400 Thanksgiving Tower
P.O. or other address	1601 Elm Street
	Dallas, Texas 75201
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Hunt Energy Corp 2400 Thanksgiving Tower 1601 Elm Street Dallas, Texas 75201	4. Article Number P 556 000 806 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature - Addressee <input checked="" type="checkbox"/> [Signature]	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/> [Signature]	
7. Date of Delivery SEP 25 1990	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 807

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Leonard Oil</b>	
Street and No. <b>P.O. Box 400</b>	
P.O., State and ZIP Code <b>Roswell, NM 88201</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: <b>Leonard Oil</b> <b>P.O. Box 400</b> <b>Roswell, New Mexico 88201</b>		4. Article Number <b>P 556 000 807</b>	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature - Addressee <b>X</b>		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
6. Signature - Agent <b>Bonnie Stevens</b>		8. Addressee's Address (ONLY if requested and fee paid)	
Date of Delivery <b>9-25-90</b>			

3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

P 963 183 289

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, June 1985

Sent to <b>Marshall &amp; Winston Inc.</b>	
Street and No. <b>P. O. Box 50880</b>	
P.O., State and ZIP Code <b>Midland, Texas 79710-0880</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

<b>3. Article Addressed to:</b>  <b>Marshall &amp; Winston Inc.</b> <b>P. O. Box 50880</b> <b>Midland, Texas 79710-0880</b>	<b>4. Article Number</b> <b>P 963 183 289</b> <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <b>Always obtain signature of addressee or agent and DATE DELIVERED.</b>
<b>5. Signature — Address</b> <b>X</b>	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> <b>X</b> <i>P. Waters</i>	
<b>7. Date of Delivery</b> <i>10/11</i>	

P 556 000 809

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Mewbourne Oil Co.
Street and No.	P.O. Box 7698
P.O., State and ZIP Code	Tyler Texas 75711
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Mewbourne Oil Company P.O. Box 7698 Tyler, Texas 75711	<b>4. Article Number</b> P 556 000 809 <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
<b>5. Signature - Addressee</b> <input checked="" type="checkbox"/>	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature - Agent</b> <input checked="" type="checkbox"/> <i>M. J. Morgan</i>	
<b>7. Date of Delivery</b> 9-26-90	

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**



P 556 000 810

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
W.W. Perry	
Street and No.	
P.O. Box 371	
P.O., State and ZIP Code	
Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to:		4. Article Number	
W.W. Perry P.O. Box 371 Midland, Texas 79702		P 556 000 810	
5. Signature - Addressee		Type of Service:	
X <i>W.W. Perry</i>		<input type="checkbox"/> Registered <input type="checkbox"/> Insured	
6. Signature - Agent		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
X		<input type="checkbox"/> Express Mail	
7. Date of Delivery		Always obtain signature of addressee or agent and DATE DELIVERED.	
9-25-90		8. Addressee's Address (ONLY if requested and fee paid)	

P 556 000 811

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1988-234-555  PS Form 3800, June 1985	Sent to <b>Petco Limited</b>	
	Street and No. <b>P.O. Box 911</b>	
	P.O., State and ZIP Code <b>Breckenridge, Texas 76024</b>	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt showing to whom and Date Delivered	
	Return Receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$
Postmark or Date		

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.**

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: <b>Petco Limited P.O. Box 911 Breckenridge, Texas 76024-0911</b>	4. Article Number <b>P 556 000 811</b>
5. Signature - Addressee <input checked="" type="checkbox"/>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
6. Signature - Agent <i>Robert Lambert</i>	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery <b>SEP 26 1990</b>	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Feb 1986 DOMESTIC RETURN RECEIPT

P 556 000 812

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Sent to <b>POGO Petroleum</b>	
Street and No. <b>P.O. Box 2504</b>	
P.O. State and ZIP Code <b>Houston Texas 77252</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> <b>POGO Petroleum</b> <b>P.O. Box 2504</b> <b>Houston, Texas 77252</b>	<b>4. Article Number</b> <b>P 556 000 813</b> <b>Type of Service:</b> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <b>Always obtain signature of addressee or agent and DATE DELIVERED</b>
<b>5. Signature — Addressee</b> X	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature — Agent</b> X <i>E. H. ...</i>	
<b>7. Date of Delivery</b> <b>SEP 26 1990</b>	

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 813

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to Presidio Exploration	
Street and No. 5613 DTC Parkway #750	
P.O., State and ZIP Code Englewood, CO 80111-3035	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

**3. Article Addressed to:**

Presidio Exploration Inc.  
5613 DTC Parkway #750  
Englewood, Colorado 80111-3035

**4. Article Number**

P 556 000 813

**Type of Service:**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

**5. Signature - Addressee**

X

**6. Signature - Agent**

X

**7. Date of Delivery**

**8. Addressee's Address (ONLY if requested and fee paid)**



P 556 000 814

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	Richmond Drilling
Street and No.	P.O. Box 150
P.O., State and ZIP Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Richmond Drilling Co. P.O. Box 150 Midland, Texas 79702	<b>4. Article Number</b> P 556 000 814 <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
<b>5. Signature - Addressee</b> Signature - Agent Date of Delivery 9-25-90	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>

3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 815

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Rutter & Wilbanks Corp	
Street and No. P.O. Box 3186	
P.O., State and ZIP Code Midland Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

<b>3. Article Addressed to:</b> Rutter & Wilbanks P.O. Box 3186 Midland, Texas 79702	<b>4. Article Number</b> P 556 000 815
<b>5. Signature - Addressee</b> X	<b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
<b>6. Signature - Agent</b> X	<b>Always obtain signature of addressee or agent and DATE DELIVERED.</b>
<b>7. Date of Delivery</b> 7-25-90	<b>8. Addressee's Address (ONLY if requested and fee paid)</b>

PS Form 3811 Feb. 1986 DOMESTIC RETURN RECEIPT

P 556 000 216

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
E.J. Schemerhon	
Street and No.	
320 S. Bonton Aven. #1400	
P.O., State and ZIP Code	
Tulsa, OK 74103	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 556 000 817

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

Sent to	
Topat Oil Corp	
Street and No.	
505 N. Big Spring Ste 204	
P.O., State and ZIP Code	
Midland, Texas 79701-8602	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

**3. Article Addressed to:**

Topat Oil Corporation  
505 N. Big Spring, Suite 204  
Midland, Texas 79701-8602

**4. Article Number**

P 556, 000 817

**Type of Service:**

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

**5. Signature — Addressee**

X

**6. Signature — Agent**

*Kelly S. Clark*

**7. Date of Delivery**

9-25-90

**8. Addressee's Address (ONLY if requested and fee paid)**



P 556 000 818

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to <b>Williams Partnership</b>	
Street and No. <b>6 Desta Drive</b>	
P.O., State and ZIP Code <b>Midland, Texas 79705</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: <b>Williams Partnership 6 Desta Drive 3000 Claydesta Bank Building Midland, Texas 79705 Attn: Bernie Scott</b>	4. Article Number <b>P 556 000 818</b>
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
5. Signature - Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <b>X</b>	
7. Date of Delivery <b>June 9-25</b>	

PS Form 3811, Feb. 1986 **DOMESTIC RETURN RECEIPT**

P 556 000 819

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to		Yates Petroleum Co	
Street and No		105 South 4th	
P.O., State and ZIP Code		Artesia, NM 88210	
Postage		\$	
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date Delivered			
Return Receipt showing to whom, Date, and Address of Delivery			
TOTAL Postage and Fees		\$	
Postmark or Date			

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  Yates Petroleum Co. Yates Building 105 South 4th Artesia, New Mexico 88210	4. Article Number P 556 000 819  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>M. W. B. B.</i>	
7. Date of Delivery 09-25-90	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

U.S. G.P.O. 1989-234-555

PS Form 3800, June 1985

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

**P 556 000 790**

Sent to	BTA Oil Producers
Street and No.	104 South Pecos
P.O. State and Zip Code	Midland, Texas 79701
Postage	3
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt (Money to whom and Date Delivered)	
Return Receipt (Money to whom and Date Delivered)	
TOTAL Postage and Fees	3
Postmark or Date	

For a list of addresses of post offices, see the back of this form.

**CERTIFIED**

**MAILED**

**P 556 000 790**

**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**BTA Oil Producers**  
104 South Pecos  
Midland, Texas 79701  
Attention: Bob Crawford

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  
BTA Oil Producers  
104 South Pecos  
Midland, Texas 79701  
Attn: Bob Crawford

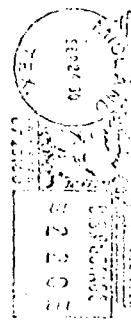
4. Article Number  
P556 000 790  
Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☒ Express Mail  
Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature — Addressee  
X

6. Signature — Agent  
X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)



See Reverse

FD Form 300(1) June 1985

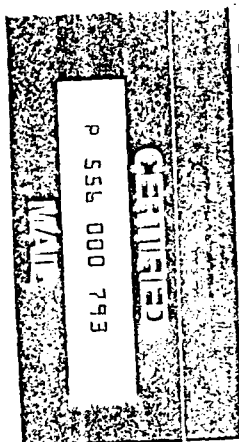
[illegible]

2 556 000 791

Bravo Drilling Company  
P. O. Box 1085  
Perryton, Texas 79070

**DOMESTIC RETURN RECEIPT**





PS Form 3800, June 1985

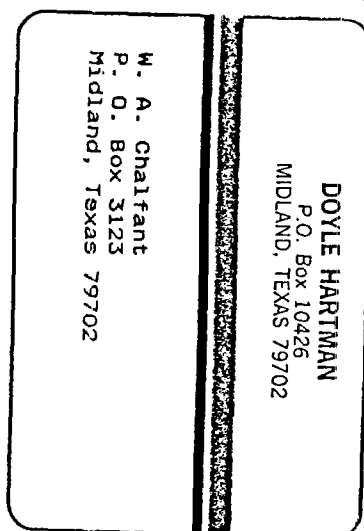
US GPO: 1989 234-535

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
FOR INTERNATIONAL MAIL  
(See Reverse)

P 556 000 793

Sent to	W. A. Chalfant
Street and P.O. Box	P.O. Box 3123
P.O. ZIP and ZIP Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



● SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: W.A. Chalfant P.O. Box 3123 Midland, Texas 79702	4. Article Number P 556 000 793 Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



US GPO 1989 234-555

PS Form 3600, June 1985

**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

P 556 000 794

Sent to	Cleary Petroleum
Street and No.	P.O. Box 545
P.O. State and ZIP Code	Commanche, Oklahoma 73259
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Amount Received Showing to Whom and by Whom	
Return Receipt Showing to Whom	
Date and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

**MAILED**  
 P 556 000 794

**DOYLE HARTMAN**  
 P.O. Box 10426  
 MIDLAND, TEXAS 79702

**Cleary Petroleum**  
 P.O. Box 545  
 Commanche, Oklahoma 73259

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Cleary Petroleum P.O. Box 545 Commanche, Oklahoma 73259	4. Article Number P 556 000 794 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature -- Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature -- Agent X	
7. Date of Delivery	



U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

**RECEIPT FOR CERTIFIED MAIL**  
No insurance coverage provided  
not for international mail  
(See Reverse)

**P 556 000 795**

Sent to	Compass Exploration
Street and No.	P.O. Box 2357
P.O. State and Zip Code	Billings, Montana 59103
Postage	3
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (if any)	
Date and Address of Delivery	
TOTAL Postage and Fees	3
Postmark or Date	

**CERTIFIED MAIL**  
P 556 000 795

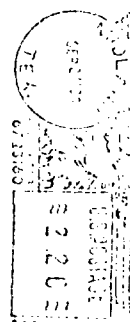
**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**Compass Exploration**  
P.O. Box 2357  
Billings, Montana 59103

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Compass Exploration P.O. Box 2357 Billings, Montana 59103	4. Article Number P 556 000 795 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	





US GPO: 1989-234-555

PS Form 3800, June 1985

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

P 556 000 796

Sent to	Cornell Oil
Street and No.	1800 One Galleria Tower
P.O. Sub	13355 Noel Road
Postage	Dallas, Texas 75240
Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (providing)	
Return Receipt (showing to whom)	
Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**CERTIFIED MAIL**  
 P 556 000 796

**DOYLE HARTMAN**  
 P.O. Box 10426  
 MIDLAND, TEXAS 79702

**Cornell Oil**  
 1800 One Galleria Tower  
 13355 Noel Road  
 Dallas, Texas 75240

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to:  Cornell Oil 1800 One Galleria Tower 13355 Noel Road Dallas, Texas 75240	4. Article Number P 556 000 796 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> . 8. Addressee's Address (ONLY if requested and fee paid)
5. Signature — Addressee X	
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**



US GPO: 1989-234-555

PS Form 3800, June 1985

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

P 556 000 799

Sent to	Crown Central Petr. Corp
Street and No	P.O. Box 1168
P.O. Box and ZIP Code	Baltimore, Maryland, 21203
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (proving delivery and return to sender)	
Return Receipt showing to whom, date, and address of delivery	
TOTAL Postage and Fees	
Payment or Date	

**RECEIVED**  
P 556 000 799

<b>DOYLE HARTMAN</b> P.O. Box 10426 MIDLAND, TEXAS 79702	<b>Crown Central Petroleum Corporation</b> P.O. Box 1168 Baltimore, Maryland 21203
--	--

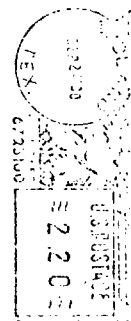
● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

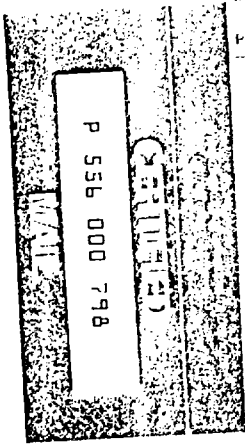
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  Crown Central Petroleum Corp P.O. Box 1168 Baltimore, Maryland, 21203	4. Article Number P 556 000 799  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT





PS Form 3600, June 1985

U.S.G.P.O. 1589-234-525

RECEIPT FOR CERTIFIED MAIL

P 556 000 798

Sent to	
Culbertson Oil Co.	
Street and No.	
P.O. Box 20008	
State and Zip Code	
PO Oklahoma City OK 73156	
Postage	3
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702	Culbertson Oil Company P.O. Box 20008 Oklahoma City, Oklahoma 73156
---	---

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to:  Culbertson Oil Company P.O. Box 20008 Oklahoma City, OK 73156		4. Article Number P 556 000 798  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature — Addressee X		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
6. Signature — Agent X		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



PS Form 3800, June 1985

U.S. G.P.O. 1983 231 555

**RECEIPT FOR CERTIFIED MAIL**  
 NO REFUND OF POSTAGE PROVIDED  
 FOR RETURN TO SENDER (See Reverse)

P 556 000 800

Sent to	Davidson
Street and No.	
P.O. Box	Box 494
City and State	Midland, Texas 79702
Postage	3
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom and Date Delivered	
TOTAL Postage and Fees	3
Postmark or Date	

**CERTIFIED MAIL**  
 P 556 000 800

**DOYLE HARTMAN**  
 P.O. Box 10426  
 MIDLAND, TEXAS 79702

**James A. Davidson**  
 P.O. Box 494  
 Midland, Texas 79702

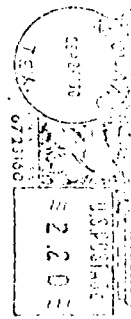
● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  James A/ Davidson P.O. Box 494 Mi-land, Texas 79702	4. Article Number P 556 000 800  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



U S G P O 1989-234 555

PS Form 3800, June 1985

P 556 000 801

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <b>Dixilyn Corp</b>	
Street apt. Box 3427	
P.O. Suite and Zip Code <b>Odessa, Texas 79761</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

**CERTIFIED MAIL**  
P 556 000 801

For all items, open top of envelope to the right  
of the return address.

**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**Dixilyn Corp.**  
P.O. Box 3427  
Odessa, Texas 79761

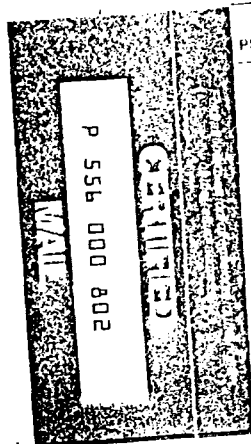
● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to:  <b>Dixilyn Corp P.O. Box 3427 Odessa, Texas 79761</b>		4. Article Number <b>P 556 000 801</b>	
		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature — Addressee <b>X</b>		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
6. Signature — Agent <b>X</b>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery			

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT





PS Form 3800 June 1985

US GPO 1989 234-555

## RECEIPT FOR CERTIFIED MAIL

TO: INSURANCE COVERAGE PROVIDED  
FOR REGISTERED MAIL  
(See Reverse)

P 556 000 802

Sent to	Robert Enfield
Street or P.O. Box	P.O. Box 2431
P.O. State and ZIP Code	Santa Fe, NM 87504
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (providing Return Receipt is requested)	
Return Receipt (providing Return Receipt is requested)	
TOTAL Postage and Fees	
Postmark or Date	

DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702	Robert N. Enfield P.O. Box 2431 Santa Fe, New Mexico 87504-2431
---	---

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Robert N. Enfield P.O. Box 2431 Santa Fe, New Mexico 87504-2431	4. Article Number P 556 000 802 Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



P 556 000 803

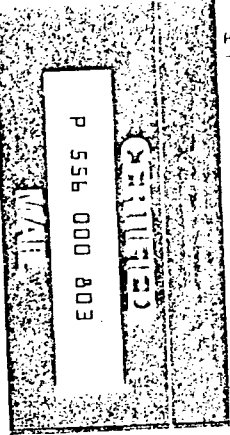
**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1569-234-555

PS Form 3800, June 1985

Sent to	Enron Oil & Gas
Street and No.	P.O. Box 2267
P.O. State and ZIP Code	Midland, Texas 79702
Postage	\$ 3
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Delivered	
Return Receipt Showing to Whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	



**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**Enron Oil & Gas Co.**  
P.O. Box 2267  
Midland, Texas 79702  
Attention: Frank Estep

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to:  Enron Oil & Gas P.O. Box 2267 Midland, Texas 79702  Attn: Frank Estep		4. Article Number P 556 000 803  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
5. Signature — Addressee X		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .	
6. Signature — Agent X		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery			



PS Form 3800 June 1985 U.S.G.P.O. 1985 234 555

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
FOR INTERNATIONAL MAIL  
(See Reverse)

P 556 000 804

Sent to	Greenbrier Co.
Street and ZIP Code	2204 Tredington Way Edmond, Oklahoma 73034
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Signature of Addressee	
Signature of Agent	
Signature of Postmaster	
Signature of Other	

PS Form 3800 June 1985

**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**Greenbrier Co.**  
2204 Tredington Way  
Edmond, Oklahoma 73034

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  Greenbrier Co. 2204 Tredington Way Edmond, Oklahoma 73034	4. Article Number P 556 000 804 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
5. Signature — Addressee X	Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
6. Signature — Agent X	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery	





P 556 000 605  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to R.F. Hannifin	
Street and No.	P.O. Box 218
P.O. State and ZIP Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985  
U.S.G.P.O. 1985-234-555

Fold at line over top of envelope to the right of the return address

**CERTIFIED**  
P 556 000 605  
**MAIL**

DOYLE HARTMAN  
P.O. Box 10426  
MIDLAND, TEXAS 79702

R. F. Hannifin  
P. O. Box 218  
Midland, Texas 79702

PS Form 3811, Feb. 1986  
**DOMESTIC RETURN RECEIPT**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

3. Article Addressed to:  
R. F. Hannifin  
P.O. Box 218  
Midland, Texas 79702

4. Article Number  
P 556 000 805

Type of Service:  
☐ Registered  
☐ Certified  
☐ Insured  
☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee  
X  
6. Signature - Agent  
X  
7. Date of Delivery

P 556 000 806

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Hunt Energy Corp
Street and No	2400 Thanksgiving Tower
P.O. Box	10426
Postage	Dallas, Texas 75201
Certified Fee	\$
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Fold at line over top of envelope to the right  
of the return address

CERTIFIED

P 556 000 806

MAIL

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.		3. Article Addressed to:	
2. <input type="checkbox"/> Restricted Delivery.		Hunt Energy Corp 2400 Thanksgiving Tower 1601 Elm Street Dallas, Texas 75201	
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.		5. Signature - Addressee <input checked="" type="checkbox"/> X	
6. Addressee's Address (ONLY if requested and fee paid)		6. Signature - Agent <input checked="" type="checkbox"/> X	
7. Date of Delivery		7. Date of Delivery	
Always obtain signature of addressee or agent and DATE DELIVERED.		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
4. Article Number P 556 000 806			

MAIL

Leonard Oil  
P. O. Box 400  
Roswell, New Mexico 88201

<p>● <b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes) for additional fees (services) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.</p>		<p>3. Article Addressed to: Leonard 011 P.O. Box 400 Roswell, New Mexico 88201</p>	
<p>4. Article Number: P 556 000 807</p> <p>Type of Service:</p> <p><input checked="" type="checkbox"/> Registered  <input type="checkbox"/> Certified  <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Insured  <input type="checkbox"/> COD</p>		<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p> <p>8. Addressee's Address (ONLY if requested and fee paid)</p>	
<p>5. Signature - Addressee</p>		<p>6. Signature - Agent</p>	
<p>7. Date of Delivery</p>			

P 663 183 289

RECEIPT FOR CERTIFIED MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

(See Reverse)

Sent to <b>Marshall &amp; Winston Inc.</b>	
Street <b>P. O. Box 50880</b>	
P.O. Station and ZIP Code <b>Midland, Texas 79710-0880</b>	
Postage \$	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

CERTIFIED

P 663 183 289

MAIL

Thank you for using  
Return Receipt Service.

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

3. Article Addressed to: Marshall & Winston Inc. P. O. Box 50880 Midland, Texas 79710-0880	
5. Signature - Address X 6. Signature - Agent X 7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	
Always obtain signature of addressee or agent and DATE DELIVERED.	
Type of Service: P 963 183 289	
4. Article Number	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge)	
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes. For additional services requested.	
<input type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail	

Is your RETURN ADDRESS  
completed on the reverse side?

DOYLE HARTMAN  
P. O. BOX 10426  
MIDLAND, TEXAS 79702

TO:  
Marshall & Winston Inc.  
P. O. Box 50880  
Midland, Texas 79710-0880



P 556 000 809

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Mexbourne Oil Co.
Street and No.	P.O. Box 7698
P.O. State and ZIP Code	Tyler Texas 75711
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S.G.P.O. 1989-224-555

PS Form 3800, June 1985

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 556 000 809

**MAIL**

**DOMESTIC RETURN RECEIPT**

PS Form 3811, Feb. 1986

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to: Mebourne Oil Company P.O. Box 7698 Tyler, Texas 75711	
4. Article Number: P 556 000 809	
Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee 6. Signature - Agent 7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	



**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**Mexbourne Oil Company**  
P.O. Box 7698  
Tyler, Texas 75711



P 556 000 810

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	W.W. Perry
Street and No.	P.O. Box 371
P.O. State and zip Code	Midland, Texas 79702
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

U.S.G.P.O. 1985-234-555

PS Form 3800, June 1985

Fold at line over top of envelope to the right  
of the return address.

CERTIFIED

P 556 000 810

MAIL

DOMESTIC RETURN RECEIPT

PS Form 3811, Feb. 1986

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees for additional services are available. Consult postmaster for fees and check box(es) for additional services requested.	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to:	
W.W. Perry P.O. Box 371 Midland, Texas 79702	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	
6. Signature - Agent	
7. Date of Delivery	
8. Addressee's Address (ONLY if requested and fee paid)	
Type of Service:	
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> COD <input type="checkbox"/> Insured	
4. Article Number	
P 556 000 810	





P 556 000 811

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to: Petco Limited	
Street: P.O. Box 911	
P.O. State and Zip Code: Breckenridge, Texas 76024	
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5
Postmark or Date	

PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 556 000 811

**MAIL**

**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**Petco Limited**  
P. O. Box 911  
Breckenridge, Texas 76024-0911

**PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes (for additional services) requested.

1. ☐ Show to whom delivered, date, and addressee's address.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Petco Limited  
P.O. Box 911  
Breckenridge, Texas 76024-0911

4. Article Number: P 556 000 811  
Type of Service:  
☐ Registered  
☒ Certified  
☐ Insured  
☐ COD  
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: ☒  
6. Signature - Agent: ☒  
7. Date of Delivery: ☒  
8. Addressee's Address (ONLY if requested and fee paid):



**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985	
U.S.G.P.O. 1989-234-555	
Sent to	Pogo Petroleum
Street and No.	P.O. Box 2504
P.O. State and ZIP Code	Houston, Texas 77252
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Fold at line over top of envelope to the right  
of the return address.

**CERTIFIED**

P 55b 000 812

**MAIL**

<b>DOYLE HARTMAN</b> P.O. Box 10426 MIDLAND, TEXAS 79702
<b>Pogo Petroleum</b> P.O. Box 2504 Houston, Texas 77252

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: POGO Petroleum  
P.O. Box 2504  
Houston, Texas 77252

4. Article Number: P 55b 000 813

Type of Service: ☐ Registered ☐ Insured ☐ COD ☐ Certified ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: ☒ X

6. Signature - Agent: ☒ X

7. Date of Delivery: ☒ X

8. Addressee's Address (ONLY if requested and fee paid)





P 556 000 813

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to Presidio Exploration	
Street and No. 5613 DTC Parkway #750	
P.O. State and ZIP Code Englewood, CO 80111-3035	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

Fold at line over top of envelope to the right  
of the return address.

CERTIFIED

P 556 000 813

MAIL

DOYLE HARTMAN  
P.O. Box 10426  
MIDLAND, TEXAS 79702

Presidio Exploration Inc.  
5613 DTC Parkway #750  
Englewood, Colorado 80111-3035

PS Form 3811, Feb. 1986

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es).

1. ☐ Show to whom delivered, date, and addressee's address.  
2. ☐ Restricted Delivery.

3. Article Addressed to:  
Presidio Exploration Inc.  
5613 DTC Parkway #750  
Englewood, Colorado 80111-3035

4. Article Number  
P 556 000 813

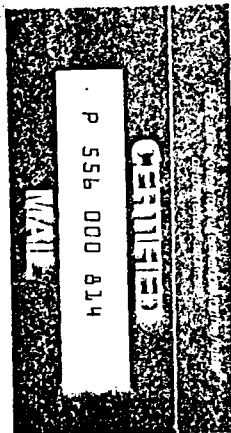
Type of Service:  
☐ Registered  
☐ Certified  
☐ Express Mail  
☐ COD  
☐ Insured

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
6. Signature - Agent  
7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT



PS Form 3600, June 1985

US GPO 1989-231-555

## RECEIPT FOR CERTIFIED MAIL

P 556 000 814

NO POSTAGE NECESSARY  
IF MAILED IN THE UNITED STATES  
(See Reverse)

Sent to	Richmond Drilling
Street and P.O. Box	P.O. Box 150
P.O. State and Zip Code	Midland, Texas 79702
Postage	5
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (request to whom and Date Delivered)	
Return Receipt (request to whom and Address of Delivery)	
TOTAL Postage and Fees	11
Postmark or Date	

DOYLE HARTMAN P.O. Box 10426 MIDLAND, TEXAS 79702	Richmond Drilling Co. P.O. Box 150 Midland, Texas 79702
---	---

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:  Richmond Drilling Co. P.O. Box 150 Midland, Texas 79702	4. Article Number P 556 000 814  Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail  Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT



PS Form 3800, June 1985 US GPO: 1989-234-555

**P 556 000 815**

**RECEIPT FOR CERTIFIED MAIL**  
No insurance coverage provided  
for this international mail.  
(See Reverse)

Sent to <b>Rutter &amp; Wilbanks Corp</b>	
Street and No.	<b>P.O. Box 3186</b>
P.O. State and ZIP Code	<b>Midland Texas 79702</b>
Postage	<b>5</b>
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt (showing to whom and date delivered)	
Return Receipt (showing to whom date and address of delivery)	
TOTAL Postage and Fees	<b>5</b>
Postmark or Date	

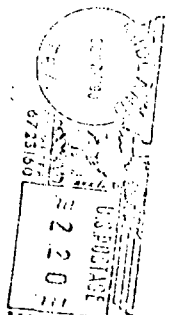
**CERTIFIED**

**P 556 000 815**

<b>DOYLE HARTMAN</b> P.O. Box 10426 MIDLAND, TEXAS 79702	<b>Rutter &amp; Wilbanks Corporation</b> P.O. Box 3186 Midland, Texas 79702
--	---

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address.	2. <input type="checkbox"/> Restricted Delivery.
3. Article Addressed to:  Rutter & Wilbanks P.O. Box 3186 Midland, Texas 79702	4. Article Number <b>P 556 000 815</b> Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
5. Signature — Addressee <b>X</b>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <b>X</b>	
7. Date of Delivery <b>1</b>	



PS Form 3811, Feb. 1986

**DOMESTIC RETURN RECEIPT**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address

2. ☐ Restricted Delivery

3. Article Addressed to: E. J. Schemerthon  
320 S. Boston Avenue, #1400  
Tulsa, OK 74103

4. Article Number: P 556 000 816

Type of Service: ☐ Registered ☐ Insured ☐ COD ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee: \_\_\_\_\_

6. Signature - Agent: \_\_\_\_\_

7. Date of Delivery: \_\_\_\_\_

8. Addressee's Address (ONLY if requested and fee paid): \_\_\_\_\_

**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**E. J. Schemerthon**  
320 S. Boston Avenue, #1400  
Tulsa, Oklahoma 74103

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

P 556 000 816

Sent to: E. J. Schemerthon  
Street and No. 320 S. Boston Avenue, #1400  
P.O. State and Zip Code Tulsa, OK 74103

Postage \$

Certified Fee \$

Special Delivery Fee \$

Restricted Delivery Fee \$

Return Receipt showing to whom and Date Delivered \$

Return Receipt showing to whom, Date, and Address of Delivery \$

TOTAL Postage and Fees \$

Postmark or Date

**CERTIFIED**  
P 556 000 816  
**MAIL**

Fold at line over top of envelope to the right of the return address.

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery.		3. Article Addressed to: Topat Oil Corporation 505 N. Big Spring, Suite 204 Midland, Texas 79701-8602	
4. Article Number: P 556 000 817		5. Signature - Addressee: [Signature]	
6. Signature - Agent: [Signature]		7. Date of Delivery: [Date]	
8. Addressee's Address (ONLY if requested and fee paid): [Address]		9. Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.			

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

**DOYLE HARTMAN**  
 P.O. Box 10426  
 MIDLAND, TEXAS 79702

---

**Topat Oil Corporation**  
 505 N. Big Spring, Suite 204  
 Midland, Texas 79701-8602



PS Form 3800, June 1985 U.S.G.P.O. 1989-234-555

Sent to		Topat Oil Corp	
Street and No.		505 N. Big Spring Ste 204	
P.O. State and ZIP Code		Midland, Texas 79701-8602	
Postage		5	
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt showing to whom and Date Delivered			
Return Receipt showing to whom, Date, and Address of Delivery			
TOTAL Postage and Fees		5	
Postmark or Date			

RECEIPT FOR CERTIFIED MAIL  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

P 556 000 817

For a line over top of envelope to the right of the return address

**CERTIFIED**

P 556 000 817

**MAIL**



PS Form 3811, Feb. 1986

**SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address.

2. ☐ Restricted Delivery.

3. Article Addressed to: Williams Partnership  
6 Desta Drive  
3000 Claydesta Bank Building  
Midland, Texas 79705  
Attn: Bernie Scott

4. Article Number: P 556 000 818

5. Signature - Addressee: ☒ Signature - Agent: ☒

6. Signature - Addressee: ☒ Signature - Agent: ☒

7. Date of Delivery: ☒

8. Addressee's Address (ONLY if requested and fee paid): Always obtain signature of addressee or agent and DATE DELIVERED.

9. Type of Service: ☐ Registered ☐ Insured ☐ COD ☐ Express Mail

DOMESTIC RETURN RECEIPT

**DOYLE HARTMAN**  
P.O. Box 10426  
MIDLAND, TEXAS 79702

**Williams Partnership**  
6 Desta Drive  
3000 Claydesta Bank Building  
Midland, Texas 79705  
Attention: Bernie Scott

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

P 556 000 818

Sent to	Williams Partnership
Street and No.	6 Desta Drive
P.O. State and ZIP Code	Midland, Texas 79705
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

Fold at line over top of envelope to the right of the return address

**CERTIFIED**

P 556 000 818

**MAIL**

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to: Yates Petroleum Co. Yates Building 105 South 4th Artesia, New Mexico 88210		4. Article Number P 556 000 819	
5. Signature — Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
6. Signature — Agent X		Always obtain signature of addressee or agent and <b>DATE DELIVERED</b>	
7. Date of Delivery		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

Yates Petroleum Company  
Yates Building  
105 South 4th  
Artesia, New Mexico 88210

DOYLE HARTMAN  
P.O. Box 10426  
MIDLAND, TEXAS 79702

PS Form 3800, June 1985

U.S.G.P.O. 1989-234-555

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

P 556 000 819

Find all line over top of envelope to the right  
of the return address

CERTIFIED

P 556 000 819

MAIL

Sent to	Yates Petroleum Co
Street and No.	105 South 4th
P.O. Box and ZIP Code	Artesia, NM 88210
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 556 000 825

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Union Oil of California
Street and No.	P. O. Box 3100
P.O. City and Zip Code	Midland, Texas 79702
Postmaster's Name	Attention: John F. Hansen
Certified Fee	
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return Receipt Showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	
Postmark or Date	

PS Form 3800, June 1985

U.S. G.P.O. 1985-234-555

Stick at line over top of envelope to the left  
of the return address.

CERTIFIED

P 556 000 825

MAIL

DOYLE HARTMAN  
P. O. BOX 10426  
MIDLAND, TEXAS 79702

TO:

Union Oil of California  
P. O. Box 3100  
Midland, TX 79702  
Attention: John F. Hansen

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-268

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge). 3. ☐ Return Receipt (For additional fees, see instructions on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees, see instructions on the reverse side. Consult postmaster for fees and check boxes.)

4. Article Addressed to: Union Oil of California  
P. O. Box 3100  
Midland, Texas 79702  
Attention: John F. Hansen

5. Signature - Addressee  
X  
6. Signature - Agent  
X  
7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

Always obtain signature of addressee or agent and DATE DELIVERED.

Type of Service:  
☐ Registered  
☐ Insured  
☐ Certified  
☐ Express Mail  
☐ COD

4. Article Number  
P556000825

DOMESTIC RETURN RECEIPT

