

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

IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION  
FOR THE PURPOSE OF CONSIDERING:

**CASE NO. 11247**

Application of Richardson Operating  
Company for compulsory pooling, downhole  
commingling and an unorthodox gas well  
location, ROPCO Fed "12" Well No. 3,  
San Juan County, New Mexico.

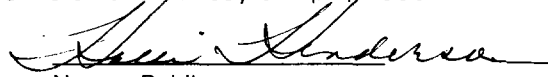
**BEFORE THE  
OIL CONSERVATION DIVISION**  
Case No. 11247 Exhibit No. **26**  
Submitted By:  
**Richardson Operating Company**  
Hearing Date: April 20, 1995

**CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of Richardson Operating Company, states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 15th day of March, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for April 6, 1995, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

  
\_\_\_\_\_  
W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 5th day of April, 1995.

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

My Commission Expires: June 15th, 1998

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• A\*  
• W  
• T  
• delivered.

return to: Richardson/12-3(04/06/95)  
date: March 15, 1995

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Arnold E. Carle  
c/o Genevieve Carle  
POB 4325  
Bancover, WA 98662-0325

4a. Article Number  
135 851 374

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)  
Genevieve M Carle

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 374  
**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Arnold E. Carle  
c/o Genevieve Carle  
POB 4325  
Bancover, WA 98662-0325

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
Total Postage & Fees	\$

1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• A\*  
• W  
• T  
• delivered.

return to: Richardson/12-3(04/06/95)  
date: March 15, 1995

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
Manon Markham McMullen  
2200 Berkley  
Wichita Falls, TX 76308

4a. Article Number  
135 851 373

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3-17-95

5. Signature (Addressee)  
Mary D. Berkley

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 373  
**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Manon Markham McMullen  
2200 Berkley  
Wichita Falls, TX 76308

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
Total Postage & Fees	\$

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• A\*  
• W  
• T  
• delivered.

return to: Richardson/12-3(04/06/95)  
date: March 15, 1995

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

3. Article Addressed to:  
United State of America  
Bureau of Land Management  
c/o Duane Spencer  
1235 La Plata Highway  
Farmington, NM 87401

4a. Article Number  
209 485 141

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3-16-95

5. Signature (Addressee)

6. Signature (Agent)  
Conna M Randall

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

193  
**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to:  
United State of America  
Bureau of Land Management  
c/o Duane Spencer  
1235 La Plata Highway  
Farmington, NM 87401

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
Total Postage & Fees	\$

PS Form 3811, December 1991

Richardson/12-3(04/06/95)  
March 15, 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece.

does not  
• Write  
• The  
delivers

Richardson/12-3(04/06/95)  
March 15, 1995

number  
the date

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
City of Farmington  
800 Municipal Drive  
Farmington, NM 87401

4a. Article Number  
135 851 364

4b. Service Type

- ☒ Registered
- ☐ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ COD
- ☒ Return Receipt for Merchandise

7. Date of Delivery  
3/17/95

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


5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

P 135 851 364

**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

City of Farmington  
800 Municipal Drive  
Farmington, NM 87401

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom's Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.

Richardson/12-3(4/6/95)  
March 21, 1995

3. Article Addressed to:  
Ted Edward Duff  
TE Duff Trust  
POB 9908  
Midland, TX 79708

4a. Article Number  
091 495 903

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3-23-95

5. Signature (Addressee)  
[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Z 091 495 903



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to  
Ted Edward Duff  
TE Duff Trust  
POB 9908  
Midland, TX 79708



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to  
Wayne Tarpley  
POB 337  
Aztec, NM 87410

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.

Richardson/12-3(04/06/95)  
March 15, 1995

3. Article Addressed to:  
Wayne Tarpley  
POB 337  
Aztec, NM 87410

4a. Article Number  
135 851 341

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3-17-95

5. Signature (Addressee)  
[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

100, June 1991

Restricted Delivery fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
Postage & Fees	\$
Postmark or Date	



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to  
Hugh J. Mitchell, Trustee:  
Hugh J. Mitchell, Raimonda Mitchell  
Revocable Trust  
4240 N. Buena Vista Ave.  
Farmington, NM 87401

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.

Richardson/12-3(04/06/95)  
March 15, 1995

3. Article Addressed to:  
Hugh J. Mitchell, Trustee:  
Hugh J. Mitchell, Raimonda Mitchell  
Revocable Trust  
4240 N. Buena Vista Ave.  
Farmington, NM 87401

4a. Article Number  
135 851 351

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3/18/95

5. Signature (Addressee)  
[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

100, June 1991

Restricted Delivery fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
Postage & Fees	\$
Postmark or Date	

Sent to  
Richardson/12-3(04/06/95)  
March 15, 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does.

Richardson/12-3(4/6/95)  
March 21, 1995

Article number, and the date delivered.

3. Article Addressed to:  
Judith Dianne Duff Leach  
4000 Shenandoah NE  
Albuquerque, NM 87111

4a. Article Number  
091 495 902

4b. Service Type  
☒ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3-22-95

5. Signature (Addressee)  
Judith Dianne Duff Leach

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service.

2 091 495 902



**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail (See Reverse)

Judith Dianne Duff Leach  
4000 Shenandoah NE  
Albuquerque, NM 87111

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$

March 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does.

Richardson/12-3(04/06/95)  
March 15, 1995

Article number, and the date delivered.

3. Article Addressed to:  
Weldon C. Julander, Ila Mae Julander  
POB 2773  
Littleton, CO 80161

4a. Article Number  
135 852 478

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3-20-95

5. Signature (Addressee)  
Weldon C. Julander

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service.



P 135 851 358  
**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail (See Reverse)

Weldon C. Julander, Ila Mae Julander  
POB 2773  
Littleton, CO 80161

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, and 4a & b.  
• Print your name and address on the reverse of this form so that we can return this card to you.  
• Attach this form to the front of the mailpiece, or on the back if space does.

Richardson/12-3(04/06/95)  
March 15, 1995

Article number, and the date delivered.

3. Article Addressed to:  
Paula A. Maxwell  
300 Lila Lane #10  
Athens, TX 75751

4a. Article Number  
135 851 360

4b. Service Type  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery  
3/18/95

5. Signature (Addressee)  
Paula A. Maxwell

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):  
1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service.



P 135 851 360  
**Receipt for Certified Mail**  
No Insurance Coverage Provided  
Do not use for International Mail (See Reverse)

Paula A. Maxwell  
300 Lila Lane #10  
Athens, TX 75751

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$

June 1995

Richardson/12-3(04/06/95)  
March 15, 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

A Richardson/12-3(04/06/95) if space  
doe: March 15, 1995 cle number  
T delivered. and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Northern Specialty Company, Inc.  
c/o JC Patterson  
308 S. Ivie Ave.  
Farmington, NM 87401

4a. Article Number 135 851 362

4b. Service Type

☒ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery 3-20

5. Signature (Addressee)

6. Signature (Agent) [Signature]

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 362

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Northern Specialty Company, Inc.  
c/o JC Patterson  
308 S. Ivie Ave.  
Farmington, NM 87401

1991

Used to Show Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

A Richardson/12-3(04/06/95) if space  
doe: March 15, 1995 cle number  
T delivered. and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JJ DeWeerd  
730 Country Club Dr.  
Silver City, NM 88061

4a. Article Number 135 851 366

4b. Service Type

☒ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery 3-17

5. Signature (Addressee)

6. Signature (Agent) [Signature]

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 366

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

JJ DeWeerd  
730 Country Club Dr.  
Silver City, NM 88061

1991

Used to Show Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

A Richardson/12-3(04/06/95) if space  
doe: March 15, 1995 cle number  
T delivered. and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Denver & Rio Grand Western Railroad  
c/o Bill Miller  
555 17th Street,  
Ste. 2400  
Denver, CO 80202-3987

4a. Article Number 135 851 367

4b. Service Type

☒ Registered ☐ Insured

☐ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery 3-20

5. Signature (Addressee)

6. Signature (Agent) [Signature]

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 135 851 367

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Denver & Rio Grand Western Railroad  
c/o Bill Miller  
555 17th Street,  
Ste. 2400  
Denver, CO 80202-3987

1991

Used to Show Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Postmaster's Fee	\$

Richardson/12-3(04/06/95)  
March 15, 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4a & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
- do: Richardson/12-3(04/06/95)  
• V  
• T March 15, 1995  
delivered.

Article number  
and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Glenn C. Callow  
c/o Jeff Callow  
626 Craig Street  
Walla Walla, WA 99362-3349

4a. Article Number

135 851 369

4b. Service Type

- ☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

2-20-95

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 369



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Glenn C. Callow  
c/o Jeff Callow  
626 Craig Street  
Walla Walla, WA 99362-3349

Speed of Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom it is Delivered	
Return Receipt Showing to Whom it is Delivered	

1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4a & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
- do: Richardson/12-3(04/06/95)  
• V  
• T March 15, 1995  
delivered.

Article number  
and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BHP Petroleum(Americas)Inc.  
1360 Post Oak blvd.  
Ste 500  
Houston, TX 77056

4a. Article Number

135 851 370

4b. Service Type

- ☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

3-22-95

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 370



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

BHP Petroleum(Americas)Inc.  
1360 Post Oak blvd.  
Ste 500  
Houston, TX 77056

Speed of Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom it is Delivered	
Return Receipt Showing to Whom it is Delivered	

1991

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4a & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
- do: Richardson/12-3(04/06/95)  
• V  
• T March 15, 1995  
delivered.

Article number  
and the date

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Kerr-McGee Corporation  
POB 25861  
Oklahoma City, OK 73125

4a. Article Number

135 851 371

4b. Service Type

- ☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

3

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 135 851 371



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Kerr-McGee Corporation  
POB 25861  
Oklahoma City, OK 73125

Speed of Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom it is Delivered	
Return Receipt Showing to Whom it is Delivered	

1991

Richardson/12-3(04/06/95)  
March 15, 1995

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Richardson/12-3(04/06/95) check if space

March 15, 1995 article number.

The return receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Rosalind Redfern  
POB 2127  
Midland, TX 79702

4a. Article Number  
135 851 372

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
MAR 20 1995

5. Signature (Addressee)  
*Rosalind Redfern*

6. Signature (Agent)  
*Rosalind Redfern*

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

I also wish to receive the following services (for an extra fee):  
 1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery  
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Richardson/12-3(04/06/95) check if space

March 15, 1995 article number.

The return receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Christmann Mineral Company  
1500 Broadway  
Ste 800  
Lubbock, TX 79401

4a. Article Number  
209 485 142

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
3-20-95

5. Signature (Addressee)  
*S. Markham*

6. Signature (Agent)  
*S. Markham*

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

I also wish to receive the following services (for an extra fee):  
 1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery  
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Richardson/12-3(04/06/95) check if space

March 15, 1995 article number.

The return receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
Roderick Allen Markham  
1500 Broadway  
Ste. 1212  
Lubbock, TX 79401

4a. Article Number  
209 485 143

4b. Service Type  
☒ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery  
3-20-95

5. Signature (Addressee)  
*Roderick Allen Markham*

6. Signature (Agent)  
*S. Markham*

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

I also wish to receive the following services (for an extra fee):  
 1. ☐ Addressee's Address  
 2. ☐ Restricted Delivery  
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

P 135 851 372

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Rosalind Redfern  
POB 2127  
Midland, TX 79702

Special Delivery Fee

Restricted Delivery Fee

2 209 485 142

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Christmann Mineral Company  
1500 Broadway  
Ste 800  
Lubbock, TX 79401

PS For

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom

2 209 485 143

**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Roderick Allen Markham  
1500 Broadway  
Ste. 1212  
Lubbock, TX 79401

PS For

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Richardson/12-3(04/06/95)  
March 15, 1995



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Richardson/ROPCO(04/06/95)

March 15, 1995

delivered.

3. Article Addressed to:

Amoco Production Company  
POB 800  
Denver, CO 80210  
Attn: Ms. Julie Talbot Jenkins

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

135 851 304

4b. Service Type

☒ Registered

☐ Certified

☐ Express Mail

☒ Insured

☐ COD

☐ Return Receipt for Merchandise

7. Date of Delivery

3/15/95

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

Thank you for using Return Receipt Service.

P 135 851 301



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Amoco Production Company  
POB 800  
Denver, CO 80210  
Attn: Ms. Julie Talbot Jenkins

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$

Richardson/ROPCO(04/06/95)  
March 15, 1995

PS

P 135 851 363



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Glenn P. Wycoff  
11206 County Road 213  
Durango, CO 81301

800, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995

P 135 851 356



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Feddy A. Reiser  
3914 Lawndale  
Kansas City, MO 64137

800, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995

P 135 851 355



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sammy B. Reiser  
POB 190  
Windsor, CO 80550

800, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995

P 135 851 359

**Receipt for  
Certified Mail**No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)Earl A. Rogers  
POB 5195  
Abilene, TX 79608-5915

Country	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995

P 135 851 368

**Receipt for  
Certified Mail**No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)Fred A. Mossman & Mary K. Mossman Trust  
c/o Edward Gladden, CO Trustee  
2700 San Mateo NE  
Albuquerque, NM 87110

Country	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995

P 135 851 365

**Receipt for  
Certified Mail**No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)Ruth Tanner Wheeler  
2655 N. Olympic Circle  
Mesa, AZ 85205

Country	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995

Thank you for using Return Receipt Service.

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space permits. <b>Richardson/12-3(04/06/95)</b> <b>March 15, 1995</b>		1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>Sammy B. Reiser</b> <b>POB 190</b> <b>Windsor, CO 80550</b>		4a. Article Number <b>135 851 355</b>	
4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise		7. Date of Delivery <b>MAR 15 1995</b>	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid) <b>POB 190</b> <b>WINDSOR, CO 80550</b>	
6. Signature (Agent) 		<b>DOMESTIC RETURN RECEIPT</b> PS Form 3811, December 1991 *U.S. GPO: 1993-352-714	

P 135 851 354

**Receipt for  
Certified Mail**No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)Bernice A. Burnham  
Revocable Trust  
c/o Burnham Realty  
3300 Burnham Road  
Farmington, NM 87401

Country	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date and Addressee's Address	
Postage & Fees	\$
Postmark or Date	

Richardson/12-3(04/06/95)  
March 15, 1995