

OMNI OIL PROPERTIES

P.O. BOX 564
ROSWELL, NEW MEXICO 88202

Enick E. Diffie

(505) 622-3294

March 28, 1996

**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11725 Exhibit No. 4

Mr. & Mrs. Robert S. Leonard
Post Office Box 254
Lakehead, California 96051

Submitted by: Manzano Oil Corporation

Hearing Date: February 20, 1997

Re: Offer to Acquire Oil & Gas Lease
Turtle Prospect
Lea County, New Mexico
Township 16 South, Range 36 East, N.M.P.M.
Section 2: S/2SE/4, Containing 80.0 gross acres,
more or less.

Dear Mr. & Mrs. Leonard:

Manzano Oil Corporation has been active during the past year in acquiring oil and gas leases in the captioned prospect and has successfully acquired leases covering approximately 70.0 net acres out of the 80.0 gross acre tract as described above. Our review of the ownership records in Lea County, New Mexico indicates the ownership of the remaining 10.0 net acres is subject to the Schenck-Lovington Addition and has been subdivided into blocks and lots which are now owned by numerous individuals or businesses. Due to the number of parties involved in the chain of title and certain unanswered questions affecting title to the mineral estate, it is our intent to contract all parties believed to own an interest in the specific block(s) and lot(s) which are presently unleased. Subject to approval of title, it is also our intent to obtain pertinent information in order to prepare an oil and gas lease and bank draft for each party willing to lease their interest.

With this in mind, an offer is made on behalf of Manzano Oil Corporation to acquire an oil and gas lease covering your .078 net acre mineral interest in the following described lands based on the terms of \$50.00 per acre bonus consideration, 3/16 royalty, \$1.00 per acre rental for a three (3) year primary term. If your interest calculates to less than \$10.00 based on the aforementioned terms, a minimum payment of \$10.00 will be tendered as an incentive to acquire a lease.

LEGAL DESCRIPTION

Block 39, Lot 4

In the event this offer is acceptable, please complete the following information and return this letter so an oil and gas lease and bank draft can be prepared and mailed for your review and execution. For your convenience, a self-addressed postage paid envelope has been enclosed for return mailing.

NAME OF OWNER(S) _____

CAPACITY Married _____ Yes _____ No _____

Partnership _____ Yes _____ No _____

Trust _____ Yes _____ No _____

Other _____

NAME OF SPOUSE
(if applicable) _____

SIGNATORY PARTY
FOR CORPORATION
OR PARTNERSHIP
(if applicable) _____

ADDRESS IF DIFFERENT
FROM ABOVE _____

SS# OR TAX ID# _____

TELEPHONE NUMBER _____

Your response to this offer will be greatly appreciated and every effort will be made to answer any questions you may have about your mineral interest in the captioned lands and our development plans.

Sincerely,


Enick E. Diffie



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Estate of James Moon
Norma Moon
7400 Lowellen
Hobbs, NM 88240

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mrs. Moon:

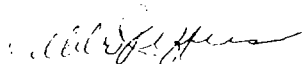
We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. George H. Anderson
3577 Evening Cnyn Rd
Oceanside, CA 92056

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. & Mrs. Anderson:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Clara J. McCurdy
29420 Via La Plaza
Murrieta, CA 92563

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. McCurdy:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Edwin Till
5400 Apache Plume Ct. Los Prados
Las Vegas, NE 89130

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Till:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. Peter Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. & Mrs. Panagopoulos:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,



Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Sim H. Levy
401 S. Turner
Hobbs, NM 88240

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Levy:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Mary Olive Hepler
P. O. Box 61
Merlin, OR 97532

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Hepler:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Nevin N. Macubbin
230 S. Eureka Street
Redlands, CA 92373

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Macubbin:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Charles Aniser
800 FM 1417 Apt 1225
Sherman, TX 75090

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Aniser:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. Charles St. Martin
1652 Hedland Place
El Dorado Hills, CA 95630

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. & Mrs. St. Martin:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Harvey R. Taylor and
Bill G. Taylor
1106 N. Country Club
Carlsbad, NM 88220

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Gentlemen:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Chad Michael Madrick
19782 Canyon Drive
Yorba Linda, CA 92686

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Madrick:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Hill:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Church of Four Square Gospel
3516 Kiest Crest Drive
Dallas, TX 75233

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Gentlemen:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Porrferia Morales
322 East White
Hobbs, NM 88240

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Morales:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Lucy P. Mitchell
255 Porto Fino Way
Redondo, CA 90277

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Mitchell:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. Norman C. Joy and
Iona Wonock, Joint Tenants
5938 E. Beryl Ave.
Scottsdale, AZ 85253

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Clifford L. Payne
P. O. Box 849
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Payne:

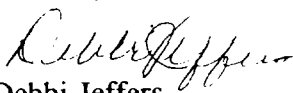
We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. E.D. Baring-Gould
P. O. Box 50609
Santa Barbara, CA 93150

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Baring-Gould:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Louise M. Augereau
1080 Foxburg Rd, Apt 2161
Seal Beach, CA 90740

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Augereau:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Dottie Darden
6821 Club Meadows Drive
Amarillo, TX 79124

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Darden:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. John Smith
7925 E. Saffron St.
Anaheim, CA 92808

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Smith:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Big Three Land Company
P. O. Box 732
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Gentlemen:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Ada D. Dowdell
1124 E. Mackinac Ave.
Oak Creek, WI 53154

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Dowdell:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Dale Boland
1417 S. 2nd
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Boland:

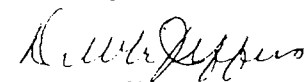
We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Kenneth R. Boss
East Star Rt., Box 913
Lovington, NM 88260

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Boss:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Beverly Powers
5215 Shenandoah Ave.
Los Angeles, CA 90056

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Powers:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. Russell A. Braun
P. O. Box 463
Columbia, IL 62236

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. Braun:

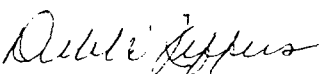
We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Mr. & Mrs. James L. Moon
P. O. Box 276
Sasakwa, OK 74867

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Mr. & Mrs. Moon:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Joseph & Allan Day
P. O. Box 230
La Mesa, CA 91944

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Gentlemen:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

CERTIFIED MAIL, RETURN RECEIPT

Ms. Margaret H. Mitchell
335-B Avenida Sevilla
Laguna Hills, CA 92653

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Dear Ms. Mitchell:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,

Debbi Jeffers

Enc: AFE dated January 17, 1997



Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202-2107
(505) 623-1996
FAX (505) 625-2620

January 30, 1997

Mr. & Mrs. Robert Leonard
P. O. Box 254
Lakehead, CA 96051

CERTIFIED MAIL, RETURN RECEIPT

Re: S/2SE/4 Section 2, 16S-36E
"SV" Killer Bee #1
Lea County, New Mexico
Turtle Prospect

Gentlemen:

We are proposing the drilling of the "SV" Killer Bee #1 in the S/2SE/4 of Section 2, T-16-S, R-36-E, Lea County, New Mexico. The legal location for the well is 487' FSL & 1270' FEL and will be drilled to a depth of 11,800' to test the Strawn formation.

You have previously been extended an opportunity to lease your mineral rights by Manzano Oil Corporation and having not reached a lease agreement with you, we now request your participation in the above described well. Your election to participate shall be evidenced by your execution of an AFE and Joint Operating Agreement, naming Manzano as operator, and payment of your proportionate share of the drilling cost.

We would appreciate your notifying us as to your election on or before February 20, 1997 as we anticipate commencing the well around that date. Should you respond affirmatively, Manzano will provide a Joint Operating Agreement along with an invoice for your drilling cost.

Thank you for your attention to this matter, and let me know if you should have any questions in this regard.

Sincerely,


Debbi Jeffers

Enc: AFE dated January 17, 1997

P 391 759 357

US Postal Service
Receipt for Certified Mail

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

Serial Number	
Church of Four Square Gospel	
Street & Number	
216 West Crest Drive	
Post Office, State, & ZIP Code	
Dallas TX 75233	
Postage	\$ 32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	
Killer Bee JP	

PS Form 3800, April 1995

P 391 759 371

US Postal Service
Receipt for Certified Mail

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

Serial Number	
Beverly Powers	
Street & Number	
2215 Shenandoah Ave.	
Post Office, State, & ZIP Code	
Los Angeles CA 90056	
Postage	\$ 32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 32.52
Postmark or Date	
Killer Bee JP	

PS Form 3800, April 1995

Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88202

26 FEB 18 A.M.

Fold at line over top of envelope to
the right of the return address

CERTIFIED

P 391 759 371

MAIL



☐ Insured
☐ Registered
☐ Restricted
☐ Signature Required
☐ Return Receipt

Mr. Beverly Peters **NOTED**
5215 Shennandoah Ave. **HEER NO**
Los Angeles, CA 90056 **ADD.**

CERTIFIED

P 391 759 350

MAIL

AM.

FEB 05 1997

1ST

2ND NOTICE

RETURNED
TO
SENDER

~~MAILED-LEFT~~ NO ADDS

Mr. Charles Amies
800 FM 1417 Apt 1225
Sherman, TX 75090

MINA JANCOFF
JAN 2 1962
U.S. POSTAGE

SECRET

۱۱۱
۱۲
۱۳
۱۴

٧١٧

10

1

RETURN
TO
SENDER

MOVED-LEFT NO 3

SECRET

[illegible]

Manzano Oil Corporation

P.O. Box 2107
Roswell, New Mexico 88201

P 391 759 352

CERTIFIED

24 FEB 10 A.M.

MAIL



- ☐ MOVED LEFT NO ADDRESS
- ☐ FORWARDING ORDER EXPIRED
- ☐ ATTEMPTED NOT KNOWN
- ☐ UNCLAIMED ☐ REFUSED
- ☐ NO SUCH STREET
- ☐ NO SUCH NUMBER

Mr. and Mrs. Charles St. Martin
1652 Highland Place
Danado Hills, CA 95630

88202/2107

Postnet barcode

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. J.G. Richardson
East Star Route Box 30
Louington, NM 88260
Cruella Richardson

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

P 391 759 351

4b. Service Type

- | | |
|---|---|
| <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 |

7. Date of Delivery

1-31-97

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

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr Periferia Morales
322 East White
Hobbs, NM. 88240

4a. Article Number

4391 759 358

4b. Service Type

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

7. Date of Delivery

1-31-97

5. Signature (Addressee)

Periferia Morales

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Big Thru Land Company
P.O. Box 732
Lawington, NM 88260

4a. Article Number

P 391759367

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Melanie Rahmeyer

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Clifford L. Payne
P.O. Box 849
Youngstown, NM 88260

4a. Article Number

P 391 759 361

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

Clifford L. Payne

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. and Mrs. Peter Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

4a. Article Number

9391 759 347

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD

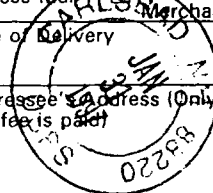
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Dale Boland
1417 S. 2nd
Lawington, NM 88260

4a. Article Number

P391 759 329

4b. Service Type

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

7. Date of Delivery

1-3-97

5. Received By: (Print Name)

Ch. P. Mikes

6. Signature: (Addressee or Agent)

X Ch. P. Mikes

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Ms. Dottie Darden
6821 Club Meadows Dr.
Amarillo, TX 79124

4a. Article Number

P391 759 365

4b. Service Type

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

7. Date of Delivery

2-1-97

5. Received By: (Print Name)

Colon Young Trustee

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. and Mrs. George H. Anderson
3577 Evening Chyn Rd.
Oceanside, CA 92056

4a. Article Number

P391759.364

4b. Service Type

- | | |
|---|---|
| <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 |

7. Date of Delivery

2-9-97

JK

5. Signature (Addressee)

George H. Anderson

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:
Edmund Hill
5400 Apache Plume
Ct. Los Prados
Las Vegas, NE 89130

4a. Article Number
P 391 759 346

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

7. Date of Delivery
2-3-97

5. Signature (Addressee)

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

6. Signature (Agent)

Edmund Hill

PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Ray W King Estate
19133 Vender Street #7
Northridge, CA 91326

4a. Article Number

P391 759 356

4b. Service Type

☐ Registered

☐ Insured

☒ Certified

☐ COD

☐ Express Mail

☐ Return Receipt for Merchandise

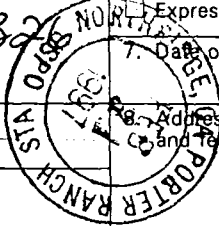
7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

Pat Patten

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



PS Form 3811, December 1991

★U.S. GPO: 1983-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Ms. Mary Olive Hepler
P.O. Box 61
Merlin, OR 97532

5. Signature (Addressee)

Mary Olive Hepler

6. Signature (Agent)

4a. Article Number

4b. Service Type

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

7. Date of Delivery

2-3-97B

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

Is your RETURN ADDRESS complete?

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Kenneth R. Boss
East Star Rt. Box 913
Lounington, NM 88260

4a. Article Number

P 391 759 370

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Beverly Bon

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Estate of James Moon
Norma Moon
7400 Lowellen
Hobbs, NM 88240

4a. Article Number

P 391 759 377

4b. Service Type

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

7. Date of Delivery

2/5

5. Received By: (Print Name)

Patty Clardy

6. Signature: (Addressee or Agent)

X Patty Clardy

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

PS Form 3811 December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Dim H. Levy
401 S. Turner
Hobbs, NM 88241

4a. Article Number

P391757453

4b. Service Type

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

7. Date of Delivery

2-4

5. Signature (Addressee)

Barbara A. Levy

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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: <i>Mr Louise M. Augreau</i> <i>1080 Foxburg Rd. Apt 216</i> <i>Seal Beach, CA 90740</i> <i>Louise M. Augreau</i>		4a. Article Number <i>4391759363</i>
5. Signature (Addressee)		4b. Service Type <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
6. Signature (Agent)		7. Date of Delivery <i>2.1.87</i>
		8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

M. Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103
M. Hill

4a. Article Number

P 391 759 355

4b. Service Type

- | | |
|---|---|
| <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 |

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

Thank you for using Return Receipt Service.

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

DOMESTIC RETURN RECEIPT

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Ms. Clara J. McCurdy
29420 Via La Playa
Murrieta, CA 92563

4a. Article Number

P 391 757 455

4b. Service Type

- | | |
|---|---|
| <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 |

7. Date of Delivery

2/3/92

5. Signature (Addressee)

Clara J. McCurdy

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Harvey R. Taylor and
Bill G. Taylor
1106 N. Country Club
Carlsbad, NM 88220

4a. Article Number

P 391 759 353

4b. Service Type

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

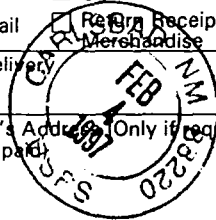
7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)

Bill Taylor



PS Form 3811, December 1991

★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Russell A. Braun
P.O. Box 463
Columbia, IL 62236

4a. Article Number

P 391 759 372

4b. Service Type

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

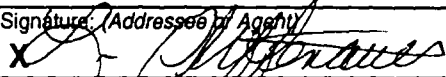
7. Date of Delivery

2-3-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. and Mrs. Robert Leonard
P.O. Box 254
Lakehead, CA 96051
Kathryn Leonard

4a. Article Number

P 391 759 376

4b. Service Type

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

7. Date of Delivery

2-6-97

5. Received By: (Print Name)

Kathryn F. Leonard

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Ms Margaret H. Mitchell
335-B Avenida Sevilla
Laguna Hills, CA 92653

4a. Article Number

7391 759 375

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Phillip B. Duffield

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Ms. Ada D. Dowdell
1124 E. Mackinac Ave
Oak Creek, WI 53154

4a. Article Number

P 391 759 368

4b. Service Type

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

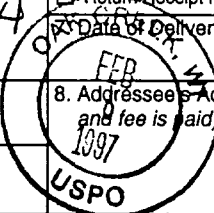
5. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Betty M. Lewis

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



Thank you for using Return Receipt Service.

PS Form 3811 December 1994

Domestic Return Receipt

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. and Mrs. Norman C. Joy
and Elona Woneck Joy
5938 E. Beryl Ave.
Scottsdale AZ 85253

4a. Article Number

P 391 759 360

4b. Service Type

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

7. Date of Delivery

2-8

5. Signature (Addressee)

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

6. Signature (Agent)

Robert Jay Mathews

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Joseph and Allan Day
P.O. Box 230
La Mesa, CA 91944

4a. Article Number

P 391 759 374

4b. Service Type

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

7. Date of Delivery

12-4-97

5. Received by: (Print Name)

Joseph and Allan Day

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Kevin N. Macubler
230 S. Eureka Street
Redlands, CA 92373
Lil Cabin

4a. Article Number

391 759 349

4b. Service Type

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

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Chad Michael Morich

4a. Article Number

9391 759 354

4b. Service Type

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

7. Date of Delivery

Yorba Linda, CA 92686

1987 FEB 4

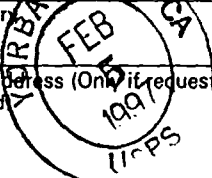
8. Addressee's Address (Only if requested and fee is paid)

5a. Signature (Addressee)

Chad Morich

6. Signature (Agent)

Olona Sedemom



PS Form 3811, December 1991

☆U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. John Smith
7925 E. Saffron St.
Anaheim, CA 92808

4a. Article Number

4391 759.366

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *John Smith*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Lucy P. Mitchell
255 Porto Fino Way
Redondo, CA 90277

4a. Article Number

P.391 759 359

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

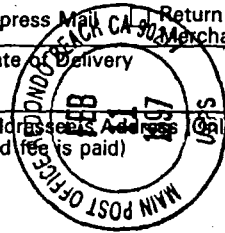
5. Signature (Addressee)

→ RICHARD MITCHELL

6. Signature (Agent)

→ Richard Mitchell

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.

Is your RETU

6. Signature (Agent)

13. Daring Gould

and fee is paid)

Than

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mrs. D. Baring-Gould
P.O. Box 50609
Santa Barbara, CA
93150

4a. Article Number

4391759362

4b. Service Type

- | | |
|---|---|
| <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 |

7. Date of Delivery

2/11/91

5. Signature (Addressee)

D. Baring-Gould

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

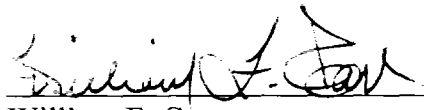
IN THE MATTER OF THE APPLICATION
OF MANZANO OIL CORPORATION
FOR COMPULSORY POOLING AND AN
UNORTHODOX WELL LOCATION,
LEA COUNTY, NEW MEXICO.

CASE NO. 11725

AFFIDAVIT

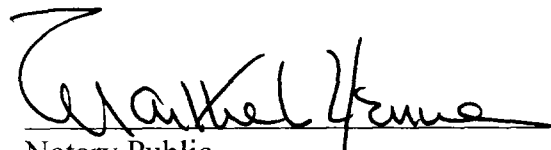
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, authorized representative of Manzano Oil Corporation, the Applicant herein, being first duly sworn, upon oath, states that in accordance with the notice provisions of Rule 1207 of the New Mexico Oil Conservation Division the Applicant has attempted to find the correct addresses of all interested persons entitled to receive notice of this application and that notice has been given at the addresses shown on Exhibit "A" attached hereto as provided in Rule 1207.



William F. Carr

SUBSCRIBED AND SWORN to before me this 19th day of February, 1997 by
William F. Carr.



Notary Public

My Commission Expires:

August 19, 1999

EXHIBIT A

Mr. & Mrs. Robert Leonard
Post Office Box 254
Lakehead, CA 96051

Margaret H. Mitchell
335-B Avenida Sevilla
Laguna Hills, CA 92653

Joseph & Allan Day
Post Office Box 230
La Mesa, CA 91944

Mr. & Mrs. James L. Moon
Post Office Box 276
Sasakwa, OK 74867

Mr. Russell A. Braun
Post Office Box 463
Columbia, IL 62236

Beverly Powers
Earl C. & Blossom J. Peterson
5215 Shenandoah Avenue
Los Angeles, CA 90056

Mr. Kenneth R. Boss
East Star Rt., Box 913
Lovington, NM 88260

Mr. Dale Boland
1417 S. 2nd
Lovington, NM 88260

Ada D. Dowdell
1124 E. Mackinac Avenue
Oak Creek, WI 53154

Big Three Land Company
Post Office Box 732
Lovington, NM 88260

Mr. John Smith
7925 E. Saffron Street
Anaheim, CA 92808

Dottie Darden
6821 Club Meadows Drive
Amarillo, TX 79124

Mrs. George H. Anderson
3577 Evening Canyon Road
Oceanside, CA 92056

Louise M. Augereau
1080 Foxburg Road, Apt. 2161
Seal Beach, CA 90740

Mr. E.D. Baring-Gould
Post Office Box 50609
Santa Barbara, CA 93150

Mr. Clifford L. Payne
Post Office Box 849
Lovington, NM 88260

Mr. & Mrs. Norman C. Joy
and Iona Wonock, Joint Tenants
5938 E. Beryl Avenue
Scottsdale, AZ 85253

Lucy P. Mitchell
255 Porto Fino Way
Redondo, CA 90277

Porrferia Morales
322 East White
Hobbs, NM 88240

Church of Four Sq. Gospel
3516 Kiest Crest Drive
Dallas, TX 75233

Ray W. King Estate
19133 Index Street #7
Northridge, CA 91326

Mr. Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103

Chad Michael Madrick
19782 Canyon Drive
Yorba Linda, CA 92686

Harvey R. Taylor and
Bill G. Taylor
1106 N. Country Club
Carlsbad, NM 88220

Charles & Hilda St. Martin
1652 Hedland Place
El Dorado Hills, CA 95630

Charles Aniser
800 FM 1417 Apt. 1225
Sherman, TX 75090

T.G. Richardson
East Star Route Box 30
Lovington, NM 88260

Nevin N. Macubbin
230 S. Eureka Street
Redlands, CA 92373

Mary Olive Hepler
Post Office Box 61
Merlin, OR 97532

Edwin Till
5400 Apache Plume Ct. Los Prados
Las Vegas, NV 89130

Clara J. McCurdy
29420 Via La Plaza
Murrieta, CA 92563

Peter & P.V. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

Sim H. Levy
401 S. Turner
Hobbs, NM 88240

**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11725 Exhibit No. 5

AFFIDAVIT,
Page 3

Submitted by: Manzano Oil Corporation

Hearing Date: February 20, 1997

**CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS**

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN

MICHAEL H. FELDEWERT
TANYA M. TRUJILLO
PAUL R. OWEN

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

January 30, 1997

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

TO AFFECTED INTEREST OWNERS:

Re: In the Matter of the Application of Manzano Oil Corporation for Compulsory Pooling and an Unorthodox Well Location, Lea County, New Mexico

Gentlemen:

This letter is to advise you that Manzano Oil Corporation has filed the enclosed application with the New Mexico Oil Conservation Division seeking the pooling of all mineral interests in the S/2 SE/4 of Section 2, Township 16 South, Range 36 East, N.M.P.M., Lea County, New Mexico, for formations based on 40 or 80-acre spacing and for an unorthodox well location.

This application has been set for hearing before a Division Examiner on February 20, 1997. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Prehearing Statement substantially in the form prescribed by the Division. Prehearing statements should be filed by 4:00 o'clock p.m. on the Friday before a scheduled hearing.

Very truly yours,



PAUL R. OWEN
WILLIAM F. CARR
ATTORNEY FOR MANZANO OIL CORPORATION
PRO/edr
Enclosure

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. & Mrs. Robert Leonard
Post Office Box 254
Lakehead, CA 96051

4a. Article Number

P 087 492 300

4b. Service Type

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

7. Date of Delivery

2-6-97

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

5. Received By: (Print Name)
Robert Leonard

6. Signature: (Addressee or Agent)

X *Robert Leonard*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 300



Receipt for Certified Mail

No Insurance Coverage Provided

Mr. & Mrs. Robert Leonard
Post Office Box 254
Lakehead, CA 96051

Postage	\$
Article Fee	
Delivery Charge	
Weight and Dimension Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

P 087 492 301



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Margaret H. Mitchell
335-B Avenida Sevilla
Laguna Hills, CA 92653

Postage	\$
Delivery Fee	
Delivery Signature Fee	
Return Receipt Fee	
Return Receipt Showing Postmark & Date Delivered	
Return Receipt Showing to Addressee Date and Addressee's Address	
PS Form 3800, Postage & Fees	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

3. Article Addressed to: Margaret H. Mitchell 335-B Avenida Sevilla Laguna Hills, CA 92653		4a. Article Number D 087 492 301	
5. Received By: (Print Name) 		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JAN 30 1997	
8. Addressee's Address (Only if requested) (Postage is paid)		9. Return Receipt for Merchandise <input type="checkbox"/> COD	

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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 087 492 302



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Joseph & Allan Day
Post Office Box 230
La Mesa, CA 91944

Postage	\$
Registration Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (showing to Whom & Date Delivered)	
Return Receipt (showing to Whom, Date, and Addressee's Address)	
TCFAS Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

3. Article Addressed to: Joseph & Allan Day Post Office Box 230 La Mesa, CA 91944		4a. Article Number P 087 492 302	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery 12-30-97	
8. Addressee's Address (Only if requested and fee is paid)		1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	

PS Form 3811, December 1994

Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Thank you for using Return Receipt Service.

P 087 492 303



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mr. & Mrs. James L. Moon
Post Office Box 276
Sasakwa, OK 74867

Postage	\$
Postage Due	
Postage Due (Permit)	
Return Receipt Fee	
Postage Due for (Weight in Pounds & Ounces)	
Postage Due for (Weight in Pounds & Ounces)	
TOTAL Postage & Fee	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. Russell A. Braun Post Office Box 463 Columbia, IL 62236		4a. Article Number P 087 492 304	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
5. Received By: (Print Name) _____		7. Date of Delivery 2-3-97	
6. Signatory: (Addressed to Agent) X _____		8. Addressee's Address (Only if requested and fee is paid) _____	

PS Form 3811, December 1994

Domestic Return Receipt



No Insurance Coverage Provided

Mr. Russell A. Braun
Post Office Box 463
Columbia, IL 62236

[illegible]

S Form 3800, June 1991

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208
SANTA FE, NM 87504-2208

1ST NOTICE

2ND NOTICE

RETURN

RECEIVED
JUN 19 1994
U.S. MAIL
POSTAL SERVICE
SAN ANTONIO, TX

Beverly Powers
Earl C. & Blossom J. Peterson
5215 Shenandoah Avenue
Los Angeles, CA 90056

P 087 492 305

MAIL

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Beverly Powers Earl C. & Blossom J. Peterson 5215 Shenandoah Avenue Los Angeles, CA 90056		4a. Article Number P 087 492 305	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X		7. Date of Delivery	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 087 492 305



Receipt for
Certified Mail

No Insurance Coverage Provided
For International Mail

Beverly Powers
Earl C. & Blossom J. Peterson
5215 Shenandoah Avenue
Los Angeles, CA 90056

PS Form 3800, June 1993

Postage	\$
Certified Fee	
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 JUN 19 1994	

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. Kenneth R. Boss
East Star Rt., Box 913
Lovington, NM 88260

4a. Article Number

087 492 306

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *Kenneth R. Boss*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 306



Receipt for Certified Mail

No Insurance Coverage Provided

Mr. Kenneth R. Boss
East Star Rt., Box 913
Lovington, NM 88260

Postage	\$
Certified Fee	
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 JAN 30 1997	

PS Form 3800, June 1991



P 087 492 307

**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mr. Dale Boland
1417 S. 2nd
Lovington, NM 88260

Postage	\$
Postmark	
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	JAN 30 1997

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. Dale Boland 1417 S. 2nd Lovington, NM 88260		4a. Article Number P 087 492 307	
5. Received By: (Print Name) MIPBARKS		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X [Signature]		7. Date of Delivery 2-1-97 SM	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
Domestic Return Receipt			

Thank you for using Return Receipt Service.



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Ada D. Dowdell
1124 E. Mackinac Avenue
Oak Creek, WI 53154

Postage	\$
Certified Fee	
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 JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ada D. Dowdell 1124 E. Mackinac Avenue Oak Creek, WI 53154		4a. Article Number P 087 492 308	
5. Received By: (Print Name) [Circular Postmark: OAK CREEK, WI, FEB 6, 1997, USPO]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X Barry M. Lewis		7. Date of Delivery [Blank]	
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Big Three Land Company
Post Office Box 732
Lovington, NM 88260

4a. Article Number

4b. Service Type

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

5. Received By: (Print Name)

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

X *Heckman, Robert*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 309



Receipt for Certified Mail

No Insurance Coverage Provided

Big Three Land Company
Post Office Box 732
Lovington, NM 88260

Postage	\$
Postage Due	
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	JAN 30 1997

PS Form 3800, June 1991



No Insurance Coverage Provided

PS Form **3800**, June 1991[illegible]

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Mr. John Smith
7925 E. Saffron Street
Anaheim, CA 92808

4a. Article Number

~~1~~ P 087 492 310

4b. Service Type

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

7. Date of Delivery

2157

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

5. Received By: (Print Name)

6. Signature of (Addressee or Agent)

PS Form 2811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 311



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Dottie Darden
6821 Club Meadows Drive
Amarillo, TX 79124

Postage	\$
Certified Fee	
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 JAN 30 1997	

PS Form 3800, June 1997

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Dottie Darden 6821 Club Meadows Drive Amarillo, TX 79124		4a. Article Number P 087 492 311	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 2/5/97	
5. Received By: (Print Name) X <i>Karen S. Jones</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Karen S. Jones</i>		Domestic Return Receipt	

Thank you for using Return Receipt Service.

P 087 492 312



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mrs. George H. Anderson
3577 Evening Canyon Road
Oceanside, CA 92056

Postage	\$
Certified Fee	
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 JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mrs. George H. Anderson 3577 Evening Canyon Road Oceanside, CA 92056		4a. Article Number P 087 492 312	
5. Received By: (Print Name) GEORGE H. ANDERSON		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X George H. Anderson		7. Date of Delivery 2-21-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

P 087 492 313



**Receipt for
Certified Mail**

No Insurance Coverage Provided
by the United States Postal Service

Louise M. Augereau
1080 Foxburg Road, Apt. 2161
Seal Beach, CA 90740

Postage	\$
Postmark Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Louise M. Augereau 1080 Foxburg Road, Apt. 2161 Seal Beach, CA 90740		4a. Article Number P 087 492 313	
5. Received By: (Print Name) Louise M. Augereau		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X Louise M. Augereau		7. Date of Delivery 2-1-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

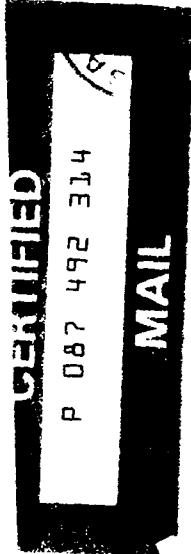
CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

POST OFFICE NEW MEXICO 87504-2208

1ST NOTICE
2ND NOTICE
RETURN



*Forwarded to
811 Camino Capitan
Carpin 93013*

Mr. E.D. Baring-Gould
Post Office Box 50609
Santa Barbara, CA 93150

NAME
1st Notice
2nd Notice
Return

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
Mr. E.D. Baring-Gould
Post Office Box 50609
Santa Barbara, CA 93150

4a. Article Number
P 087 492 314

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X _____

7. Date of Delivery

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

9. 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 3800, June 1991

Postage	\$
Certified Fee	
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 JAN 30 1997	

P 087 492 314

Receipt for Certified Mail
No Insurance Coverage Provided
Mr. E.D. Baring-Gould
Post Office Box 50609
Santa Barbara, CA 93150

P 087 492 315



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mr. Clifford L. Payne
Post Office Box 849
Lovington, NM 88260

Postage	\$
Registration Fee	
Return Receipt Fee	
Restricted Delivery Fee	
Return Receipt Showing No Writing & Date Delivered	
Return Receipt Showing No Writing Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. Clifford L. Payne Post Office Box 849 Lovington, NM 88260		4a. Article Number P 087 492 315	
5. Received By: (Print Name) X <i>Clifford L. Payne</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X <i>Clifford L. Payne</i>		7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 Domestic Return Receipt			

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided

Mr. & Mrs. Norman C. Joy
and Iona Wonock, Joint Tenants
5938 E. Beryl Avenue
Scottsdale, AZ 85253

Postage	
\$	
Return Receipt Fee	
Registered Mail Fee	
Certified Mail Fee	
Special Delivery Fee	
Total Postage & Fees	
\$	
Postmark or Date	
JAN 30 1997	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 malpiece, or on the back if space does not permit.
- Write *'Return Receipt Requested'* on the malpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

Mr. & Mrs. Norman C. Joy

4b. Service Type

and Iona Wornock, Joint Tenants

☐ Registered

5938 E. Beryl Avenue

☐ Express Mail
☐ Return Receipt

Scottsdale, AZ 85253

7. Date of Delivery: _____

5. Received By: (*Print Name*)

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

6. **Signature:** (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 317



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Lucy P. Mitchell
255 Porto Fino Way
Redondo, CA 90277

PS Form 3800, June 1991

Postage	\$
Certified Fee	
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 JAN 30 1997	

P 087 492 318



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Porrferia Morales
322 East White
Hobbs, NM 88240

Postage	\$
Insurance Fee	
Special Delivery Fee	
Registered 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 JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete Items 1 and/or 2 for additional services. ■ Complete Items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Porrferia Morales 322 East White Hobbs, NM 88240		4a. Article Number P 087 492 318	
5. Received By: (Print Name) X <i>Porrferia Morales</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
6. Signature: (Addressee or Agent) X <i>Porrferia Morales</i>		7. Date of Delivery 2-1-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

Church of Four Sq. Gospel
3516 Kiest Crest Drive
Dallas, TX 75233

4a. Article Number

P 087 492 319

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 319



Receipt for Certified Mail

No Insurance Coverage Provided

Church of Four Sq. Gospel
3516 Kiest Crest Drive
Dallas, TX 75233

Postage	\$
Postage Fee	
Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Date and Addressee's Address	
NOTA: Postage & Fees	\$
Postmark or Date	JAN 30 1997

PS Form 3800, June 1991

1ST NOTICE
2ND NOTICE
RETURN

Church of Four Sq. Gospel
3516 Kiest Crest Drive
Dallas, TX 75233

ATTEMPTED FROM 75233-9908

ATTEMPTED FROM 75233-9908

LAWYERS

POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

MAIL

CERTIFIED

LTE 264 280 P

P 087 492 320



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Ray W. King Estate
19133 Index Street #7
Northridge, CA 91326

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (to be filled out by addressee)	
Return Receipt (to be filled out by addressee)	
TOTAL Postage & Fees	\$
Postmark or Date JAN 30 1997	

Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

<p>SENDER:</p> <ul style="list-style-type: none"> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 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. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Ray W. King Estate 19133 Index Street #7 Northridge, CA 91326</p>		<p>4a. Article Number P 087 492 320</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>7. Date of Delivery</p>	
<p>5. Received By: (Print Name)</p> <p>X <i>Ray W. King</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>Ray W. King</i></p>		<p>Domestic Return Receipt</p>	

Thank you for using Return Receipt Ser

P 087 492 321



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mr. Lloyd B. Hill
1860 Braemar Road
Pasadena, CA 91103

Postage	\$
Postage Due	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (to be filled in by addressee or agent)	
Return Receipt (to be filled in by addressee or agent)	
TOTAL Postage & Fees	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mr. Lloyd B. Hill 1860 Braemar Road Pasadena, CA 91103		4a. Article Number P 087 492 321	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) X Signature: (Addressee or Agent)		6. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 Domestic Return Receipt			

Thank you for using Return Receipt Service.

P 087 492 322



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Chad Michael Madrick
19782 Canyon Drive
Yorba Linda, CA 92686

PS Form 3800, June 1991

Postage	\$
Insurance	
Special Service Fee	
Restricted Delivery Fee	
Return Receipt for Merchandise (Form 3800) Fee	
Return Receipt for Registered Mail (Form 3800) Fee	
TOTAL Postage & Fees	\$
Postmark or Date	JAN 30 1997

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Chad Michael Madrick 19782 Canyon Drive Yorba Linda, CA 92686 19862 Lombardy		4a. Article Number P 087 492 322	
5. Received By: (Print Name) Chad Madrick		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Address of Agent) X Chad Madrick		7. Date of Delivery	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

P 087 492 323



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Harvey R. Taylor and
Bill G. Taylor
1106 N. Country Club
Carlsbad, NM 88220

Postage	\$
Certified Fee	
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 JAN 30 1997	

PS Form 3800, June 1997

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Harvey R. Taylor and Bill G. Taylor 1106 N. Country Club Carlsbad, NM 88220		4a. Article Number P 087 492 323	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery FEB	
5. Received By: (Print Name) X <i>Harvey Taylor</i>		8. Addressee's Address (Only if requested and fee is paid) 88220	
6. Signature: (Addressee or Agent) X <i>Harvey Taylor</i>		Domestic Return Receipt	

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 087 492 324



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Charles & Hilda St. Martin
1652 Hedland Place
El Dorado Hills, CA 95630

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Postmark & Date Delivered	
Return Receipt Showing to Whom Delivered, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 1994 DEC 21	

PS Form 3800, June 1991

CERTIFIED

P 087 492 324

MAIL

12/15/94 21/4/97

Charles & Hilda St. Martin
1652 Hedland Place
El Dorado Hills, CA 95630

Is your **RETURN ADDRESS** completed on the reverse side?

<p>SENDER:</p> <ul style="list-style-type: none"> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 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. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Charles & Hilda St. Martin 1652 Hedland Place El Dorado Hills, CA 95630</p>		<p>4a. Article Number P 087 492 324</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent)</p> <p>X</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>PS Form 3811, December 1994</p>		<p>Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

POST OFFICE BOX 2208

SANTA FE, NEW MEXICO 87504-2208

1ST NOTICE
2ND NOTICE
3RD NOTICE
4TH NOTICE
5TH NOTICE
6TH NOTICE
7TH NOTICE
8TH NOTICE
9TH NOTICE
10TH NOTICE
11TH NOTICE
12TH NOTICE
13TH NOTICE
14TH NOTICE
15TH NOTICE
16TH NOTICE
17TH NOTICE
18TH NOTICE
19TH NOTICE
20TH NOTICE
21ST NOTICE
22ND NOTICE
23RD NOTICE
24TH NOTICE
25TH NOTICE
26TH NOTICE
27TH NOTICE
28TH NOTICE
29TH NOTICE
30TH NOTICE
31ST NOTICE
32ND NOTICE
33RD NOTICE
34TH NOTICE
35TH NOTICE
36TH NOTICE
37TH NOTICE
38TH NOTICE
39TH NOTICE
40TH NOTICE
41ST NOTICE
42ND NOTICE
43RD NOTICE
44TH NOTICE
45TH NOTICE
46TH NOTICE
47TH NOTICE
48TH NOTICE
49TH NOTICE
50TH NOTICE
51ST NOTICE
52ND NOTICE
53RD NOTICE
54TH NOTICE
55TH NOTICE
56TH NOTICE
57TH NOTICE
58TH NOTICE
59TH NOTICE
60TH NOTICE
61ST NOTICE
62ND NOTICE
63RD NOTICE
64TH NOTICE
65TH NOTICE
66TH NOTICE
67TH NOTICE
68TH NOTICE
69TH NOTICE
70TH NOTICE
71ST NOTICE
72ND NOTICE
73RD NOTICE
74TH NOTICE
75TH NOTICE
76TH NOTICE
77TH NOTICE
78TH NOTICE
79TH NOTICE
80TH NOTICE
81ST NOTICE
82ND NOTICE
83RD NOTICE
84TH NOTICE
85TH NOTICE
86TH NOTICE
87TH NOTICE
88TH NOTICE
89TH NOTICE
90TH NOTICE
91ST NOTICE
92ND NOTICE
93RD NOTICE
94TH NOTICE
95TH NOTICE
96TH NOTICE
97TH NOTICE
98TH NOTICE
99TH NOTICE
100TH NOTICE



Receipt for Certified Mail

No Insurance Coverage Provided

Charles Aniser
800 FM 1417 Apt. 1225
Sherman, TX 75090

Postage	\$
Postage Fee	
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	
JAN 30 1997	

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1. and/or 2. for additional services. <input type="checkbox"/> Complete items 3., 4a. and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Charles Aniser 800 FM 1417 Apt. 1225 Sherman, TX 75090		4a. Article Number P 087 492 325	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) 		7. Date of Delivery 	
6. Signature: (Addressee or Agent) X John Howard		8. Addressee's Address (Only if requested and fee is paid) 	
PS Form 3811, December 1994 Domestic Return Receipt			

Thank you for using Return Receipt Service

1ST NOTICE
2ND NOTICE
RETURN

~~Charles Aniser
800 FM 1417 Apt. 1225
Sherman, TX 75090~~

POST OFFICE BOX 2208
P.O. NEW MEXICO 87504-2208

CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

P 087 492 326



**Receipt for
Certified Mail**

No Insurance Coverage Provided

T.G. Richardson
East Star Route Box 30
Lovington, NM 88260

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date of Delivery	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date JAN 30 1994	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return the card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: T.G. Richardson East Star Route Box 30 Lovington, NM 88260		4a. Article Number P 087 492 326	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) X <i>T.G. Richardson</i>		7. Date of Delivery	
6. Signature: (Addressee or Agent) X <i>T.G. Richardson</i>		8. Addressee's Address (Only if requested and fee is paid)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 327



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Nevin N. Macubbin
230 S. Eureka Street
Redlands, CA 92373

Postage	\$
Registration Fee	
Address Correction Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Addressee, Date, and Addressee's Address	
Postage & Fees	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Nevin N. Macubbin 230 S. Eureka Street Redlands, CA 92373		4a. Article Number 087 492 327	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 2-1-97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Nevin N. Macubbin</i>		Domestic Return Receipt	

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 087 492 328



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Mary Olive Hepler
Post Office Box 61
Merlin, OR 97532

Postage	\$
Postage Due	
Service Charge	
Registration Fee	
Return Receipt (Showing to Whom Delivered)	
Return Receipt (Showing to Whom Delivered and Addressee's Address)	
Postage & Fees	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Mary Olive Hepler Post Office Box 61 Merlin, OR 97532		4a. Article Number P 087 492 328	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) Mary Olive Hepler		7. Date of Delivery JAN 30 1997	
6. Signature: (Addressee or Agent) X Mary Olive Hepler		8. Addressee's Address (Only if requested and fee is paid) Mary Olive Hepler Post Office Box 61 Merlin, OR 97532	
PS Form 3817, December 1994 Domestic Return Receipt			

Thank you for using Return Receipt Service.

P 087 492 329



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Edwin Till
5400 Apache Plume Ct. Los Prados
Las Vegas, NV 89130

Postage	\$
Certified Fee	
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 JAN 30 1997	

PS Form 3800, June 1994

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Edwin Till 5400 Apache Plume Ct. Los Prados Las Vegas, NV 89130		4a. Article Number P 087 492 329	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) X <i>Edwin Till</i>		7. Date of Delivery 1-3-97	
6. Signature: (Addressee or Agent) X <i>Edwin Till</i>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994 Domestic Return Receipt			

Thank you for using Return Receipt Service.

P 087 492 330



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Clara J. McCurdy
29420 Via La Plaza
Murrieta, CA 92563

Postage	\$
Insurance	
Registered Mail 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 JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 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. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Clara J. McCurdy 29420 Via La Plaza Murrieta, CA 92563		4a. Article Number P 087 492 330	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
5. Received By: (Print Name) Clara J. McCurdy		7. Date of Delivery 1/19/97	
6. Signature: (Addressee or Agent) X <i>Clara J. McCurdy</i>		8. Addressee's Address (Only if requested and fee is paid)	

Domestic Return Receipt

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided

Peter & P.V. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

Postage	\$
Postmark	
Return Receipt, Free	
Registered Mail, Free	
Return Receipt showing to Whom & Date Delivered	
Return Receipt showing to Whom, Date, and Addressee's Address	
CGA Postage & Fees	\$
Postmark or Date	
JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 malpractice, or on the back if space does not permit.
- Write "Return Receipt Requested" on the malpractice below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

Peter & P.V. Panagopoulos
1805 Sandy Lane
Carlsbad, NM 88220

4a. Article Number

70

40. Service Type
- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery 7/

237

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 087 492 332



**Receipt for
Certified Mail**

No Insurance Coverage Provided

Sim H. Levy
401 S. Turner
Hobbs, NM 88240

Postage	\$
Registration Fee	
Service Fee (if any)	
Restricted Delivery Fee	
Return Receipt (if any) to Whom & Date Delivered	
Return Receipt (if any) to Whom, Date, and Addressee's Address	
TOTAL Postage & Fee	\$
Postmark or Date JAN 30 1997	

PS Form 3800, June 1991

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return the card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Sim H. Levy 401 S. Turner Hobbs, NM 88240		4a. Article Number P 087 492 332	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>Sim H. Levy</i>		7. Date of Delivery 24	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.