# Omni Oil Properties

# P.O. BOX 564 ROSWELL, NEW MEXICO 88202

Enick E. Diffee

(505) 622-3294

March 28, 1996

# BEFORE THE OIL CONSERVATION DIVISION

Santa Fe. New Mexico

Case No. <u>11725</u> Exhibit No. <u>4</u>

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)	<u>.                                    </u>		
ADDRESS IF DIFFERENT FROM ABOVE			
	<del></del>		
SS# OR TAX ID#			
TELEPHONE NUMBER	<u></u>	·	

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. Diffee



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

: (lilly) Here



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 Jefters



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,

Melily seffers

Debbi Jeffers



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 Jefférs

Killill Jeffer



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



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/2

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



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 Jetters



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,

Mellite Jeffers

Debbi Jeffers



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,



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



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



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,

Debhi Tefférs



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,

Dehhi Jeffers



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,

Dehhi leffers



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,

Debhi Ieffers



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



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,

Dehhi Jeffers



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



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



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



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 Jeffer's



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



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,

Debhi Jeffers



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,

Dehhi Teffers



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



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,

Debhi Teffers



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



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 Teffers



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



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



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



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 Jefférs

#### P 391 759 357

US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

Killer Bu IP

P 391 759 371

**US Postal Service** 

# **Receipt for Certified Mail**

	ino insurance coverage	Provided.	
	Do not use for Internation	nal Mail (See reverse)	
	Buerles 7	Powers	}
	Street & Number	mmanh a	4
	Post Office State, & ZIP Coo		
	Postage 0	\$ 32	
	Certified Fee	1. 10	
	Special Delivery Fee		
വ	Restricted Delivery Fee N	N BR	
April 1995	Return Receipt Showing th N Whom & Date Delivered JR	7.10	
	Return Receipt Showing to Whorn Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$ 32.52	
PS Form 3800	Postmark or Date		
-	Killer Bei	gr I	

P.O. Box 2107 Roswell, New Mexico 88202

Manzano Oil Corporation

TEB 1 8 A.M.

TLE 652 TEE d

Sheryandoah aue. Leer no MOVED

800

Los apayles, CA 90056



Manzano Oil Corporation

THE THE AMA FEB 05 1997 P.O. Box 2107 Boswell, Now Maxing 88202-

Millian Charles anion Miller anion Son FM 1417 apt 1225

Sherman, TX 75090

MOVED-LEFT NO 150 RETURNED TO THE PROPERTY OF TH

Untiludentilllimetalistissillimlandlindadlid

# CERTIFIED

Manzano Oil Corporation

LN ITH 1 C AM.

Roswell, New Mexico 8820; P.O. Box 2107

1) MOVED LEFT NO ADDRESS HOLLAND HILLS, CA 95630

B FORWARDING CADER EXPIRED CHARCO HILLS, CA 95630

B ATTEMPTED NOT KNOWN

- O NO SUCH STREET
- D NO BUCH KUMBER

The late the state of the state

日日ないなくないのつ

ETURN ADDRESS completed on the reverse side?	Louington, NM 88260 Constitute (Andrews See) MANAGEN	ds. Addi	2. Restricted Delivery Consult postmaster for fee.  Sele Number 759 351  vice Type stered Insured	Thank you for using Return Receipt Service.
Is your RET	6. Signature (Agent) PS Form <b>3811</b> , December 1991	-714 D(	OMESTIC RETURN RECEIPT	Ĕ

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 tha return this card to you.  • Attach this form to the front of the mailpiece, or on the back if does not permit.  • Write "Return Receipt Requested" on the mailpiece below the artic.  • The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  **Modulus**  **Addressed to:**  **Addr	space cle number. Ind the date  4a. Arti  4b. Ser  Regi  Certi  Expr  7. Date	stered 🗌 Insured	you tot using trainin traceipt,
Is your RETU	6. Signature (Agent)  PS Form <b>3811</b> , December 1991 *U.S. GPO: 1993—352	·	OMESTIC RETURN RECEIPT	5

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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article the Receipt will show to whom the article was delivered and delivered.	e does not  1.  Addressee's Address e number. d the date  Consult postmaster for fee.
3. Article Addressed to: By Jhru Land Compan P.O. Box 732 Loungton, NM 88260	4a. Article Number  39   75   36    Registered
5. Received By: (Print Name)  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee's Address (Only if requested and fee is paid)
PS Form <b>3811</b> , December 1994	Domestic Return Receipt

•	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.		I also wish to receive the following services (for an extra
	Print your name and address on the reverse of this form so that turn this card to you.	t we can	fee):
•	Attach this form to the front of the mailpiece, or on the back it bes not permit.	fspace	1. Addressee's Address
	Write "Return Receipt Requested" on the mailpiece below the arti		2. Restricted Delivery
	The Return Receipt will show to whom the article was delivered ar elivered.	nd the date	Consult postmaster for fee.
	3. Article Addressed to: Mr. Clifford L. Payre P.O. Box 849 Loyington, MM 88260	4b. Ser Regi	vice Type stered   Insured ified   COD ess Mail   Return Receipt for Merchandise
5	Signature (Addressee)  Levin Signature (Agent)		ressee's Address (Only if requeste fee is paid)

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 tha return this card to you.  Attach this form to the front of the mailpiece, or on the back if does not permit.  Write "Return Receipt Requested" on the mailpiece below the artic.  The Return Receipt will show to whom the article was delivered and elivered.	space cle number.	I also wish to receive the following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery  Consult postmaster for fee.	
p pe	3. Article Addressed to:		cle Number	
mplet	Mr. and Mrs Peter Panagop		vice Type Insured	
လ	1805 Sandy Lane	Certi		
ADDRES	Carloliad nm 88220	7. Date	ess Marker Receipt for Merchandise	
AR.	5. Signature (Addressee)		ressee's A odress (Only if requested fee is paid)	
our RETL	6. Signature (Agent)	and	0550 E	
ls yc	PS Form <b>3811</b> , December 1991 &U.S. GPO: 1993—352	·714 D(	OMESTIC RETURN RECEIPT	

AN ADDRESS completed on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>			to receive the ervices (for an ervices) ddressee's Address estricted Delivery estmaster for fee.	Receipt Service.
	Mr. Dale Boland 1417 S. Ind Lowington, NM 88260	7. Date of De	Mail Ceipt for Merchelivery	Certified Insured nandise COD	fhank you for using Return I
Is your BETURN	6. Signature: (Addressee of Agent)  PS Form 3811, December 1994	and fee is	paid)	c Return Receipt	_

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Printly own name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not	l also wish to reconstruction following service extra fee):  1.	ee's Address
ETURN ADDRESS completed o	3. Article Addressed to: Ms. Yothi Parden 6821 Club Madaus Dr Amarillo, TX 79/24  5. Reseived By: (Print Name)	Return Rec	Syl 759  Fype  Sylve  Mail  Selivery  1 - 9 7  Sylve  Sylv	Certified Insured COD Insured Section 104 Insured Cod Insured Section 104 Insured Insu
Is your RE	6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994		Domestic Re	

return this card to you.  Attach this form to the front of the mailpiece, or on the back it does not permit.  Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered at delivered.	f space cle number. nd the date	I also wish to receive the following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery  Consult postmaster for fee.
	4b. Ser  Regi  Cert  Expr	<u>7391                                    </u>
5/Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 #U.S. GPO: 1993—352	and	ressee's Address (Only if requested fee is paid)  OMESTIC RETURN RECEIPT
	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 return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write "Return Receipt Requested" on the mailpiece below the article that the Receipt will show to whom the article was delivered at delivered.  3. Article Addressed to:  Miama Mw. George Hander Rol.  Coamaid, A google  Signature (Addressee)  Google Addressee)  Google Addressee  Google Addressee	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.  Article Addressed to:  4a. Art  MI.AND MA. GLODAL H. ANDULAD. Ser  Beggi  Coert  Expr  Clandad, A. Date  Coert  Coert  Signature (Addressee)  8. Addi and  6. Signature (Agent)

se side?	SENDER:  • Complete items 1 and/or 2 for additional services.  • Complete items 3, and 4a & b.		I also wish to receive the following services (for an extra	
e rever	<ul> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back is does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the arti</li> </ul>	f space	fee):  1. Addressee's Address	ot Servi
on th	<ul> <li>The Return Receipt will show to whom the article was delivered at delivered.</li> </ul>	nd the date	2. ☐ Restricted Delivery  Consult postmaster for fee.	Receipt
ADDRESS completed	3. Article Addressed to: Edwin Ill 5400 Apache Flume Ct. Los Prados Las Vegas, NE 89/30	4b. Ser Regi	ess Mail Return Receipt for Merchandise	ou for using Return
our RETURN	5. Signature (Addressee)  6. Signature (Agent)	8. Addi and	ressee's Address (Only if requested fee is paid)	Thank
ls yc	PS Fg/m 3811, December 1991 ±U.S. GPO: 1993—352	-714 D	OMESTIC RETURN RECEIPT	-

윤	SENDER:		
ž.	Complete items 1 and/or 2 for additional services.	I also wish to receive the	
0	Complete items 3, and 4a & b.	following services (for an extra	9
Š	Print your name and address on the reverse of this form so that we can	fee):	₹
ē	return this card to you.		5
é	Attach this form to the front of the mailpiece, or on the back if space	1. L Addressee's Address	Š
-	does not permit.	_	Ħ
Ē	Write "Return Receipt Requested" on the mailpiece below the article number.	2. L Restricted Delivery	ceipt
Ē	<ul> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	Consult postmaster for fee.	Rec
9	3. Article Addressed to: 4a. Arti	icle buimner .	
ě			turn
9	YOU IN KIND GATATO	11 10 100	\$
ď	4b. Ser	vice Type	æ
ŏ	Regis	stered 🔲 Insured	_
Ċ	Ray W King Estate 4. Sen 19133 remark street #7 Regis	ified   COD	5
SS	7 770 - 07	ess Mail Return Receipt for	S
띭	Northvidge, CA 9137 NORTHEXPER	Merchandise	3
۵	Youthwage, CA 91376 7.00	of Delivery	ō
٥	18/ 1/ 2/2	Of Delivery	Ξ
4		$\gamma$	ŏ
Z	5. Signature (Addressee)	essee's Address (Only if requested	~
4	o. Signature (Addressee)	Tee is paid)	춛
F			Ę
끶	6. Signature (Agent)	7	F
=	6. Signature (Argent)		
3			
Š	PS Form 3811, December 1991 &U.S. GPO: 1993-352-714 DC	OMESTIC RETURN RECEIPT	
~			

	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so that return this card to you.  Attach this form to the front of the mailpiece, or on the back it does not permit.  Write "Return Receipt Requested" on the mailpiece below the article to the Return Receipt will show to whom the article was delivered at delivered.	f space cle number.	I also wish to receive the following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
	3. Article Addressed to:	4a. Arti	cle Number	_
N ADDRESS comp	Ms. Mary Olwe Hepler P.O. Box 61 Merlin, OR 97532 Man Olu Hepler	Regis Certi Expri	ess Mail Return Receipt for Merchandise	you for using Return
our RETURN	5. Signature (Addressee)  6. gnature (Agent)	and	essee's Address (Only if requested fee is paid)	Than
S	PS For 1 <b>3811</b> , December 1991 &U.S. GPO: 1993—352	-714 <b>D</b> (	OMESTIC 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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	ce does not  1.  Addressee's Address  2.  Restricted Delivery			
3. Article Addressed to:	4a. Article Number			
Mr. Kenneth R. Boss	4b. Service Type			
East Star Rt. Box 913	☐ Registered			
•	Express Mail Insured .5			
Loungton, nm 88260	7. Date of Delivery			
	λor			
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)			
6. Signature: (Addressee or Agent)	1			
X Durly DON				
PS Form <b>3811</b> , 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 card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write "Return Receipt Requested" on the mailpiece below the article was delivered adelivered.	ace does not	0x11a 100).	es (for an see's Address ted Delivery
3. Article Addressed to:	4a. Article N		
3. Article Addressed to:  Estate of James Moon Norma Moon 7400 Lowellen Hobbs, NM 88240	4b. Service ☐ Register ☐ Express ☐ Return Re 7. Date of D	ed Mail ceipt for Merchandis	<del></del> .
5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  X Auto (a. A.)	8. Addresse and fee is	e's Address (Only paid)	v if requested

ς.				
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 return this card to you.  Attach this form to the front of the mailpiece, or on the back it does not permit.  Write "Return Receipt Requested" on the mailpiece below the artic.  The Return Receipt will show to whom the article was delivered at	f space cle number.	I also wish to receive the following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery	Receipt Service.
Ĕ	delivered.		Consult postmaster for fee.	ĕ
S completed o	3. Article Addressed to: Mr. Dem H. Lerry 40/ D. Terrer	4b. Ser	icle Number 391757453 vice Type stered  Insured	using Return Re
ADDRESS	Barbara a: Leves	7. Date	ess Mail Return Receipt for Merchandise	ou for
our RETURN	Signature (Addressee)      Signature (Agent)	8. Addi and	ressee's Address (Only if requested fee is paid)	Thank
ls yo	PS Form <b>3811</b> , December 1991 ±U.S. GPO: 1993—352	-714 D	OMESTIC RETURN RECEIPT	:

g	SENDER:			
S:	Complete items 1 and/or 2 for additional services.		I also wish to receive the	
8	Complete items 3, and 4a & b.		following services (for an extra	ė
Š	. Print your name and address on the reverse of this form so tha	t we can	fee):	.≥
é	return this card to you.			۲
6	<ul> <li>Attach this form to the front of the mailpiece, or on the back if</li> </ul>	space	<ol> <li>Addressee's Address</li> </ol>	တိ
-	does not permit.			Ħ
t t	Write "Return Receipt Requested" on the mailpiece below the article.  The Date of Deliver and the mailpiece below the article.		2. Aestricted Delivery	ceipt
_	<ul> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	nd the date	Consult postmaster for fee.	ខ្ល
ō		A - A - A		æ
B	3. Article Addressed to:		the Nymber are a 2/2	_
et	Ms Louise M. augreau	1	391 159 363	5
₫	MI DE ROUNCE IN C. CONQUILLE	Ah Sar	vice Type	4
completed	NI ON	D Pogis	stered	œ
S	1181 Andun Sed 1187 -11			D
S	1080 Joxlung Rd. apt 210	2 Certi	fied	.⊆
RESS			ess Mail Return Receipt for	S
~	Mad Kaalle an anna	· _	Merchandise	=
	Stat Black CA gray	7. Date	of Delivery	\$
	Louise M. augereau		1 + 9 >	3
	goure M. augerian		<u>`/`_</u>	2
쥝	5. Signature (Addressee)	8. Addr	ressee's Address (Only if requested	2
5		and	fee is paid)	Ξ
				ڠ
E	6. Signature (Agent)			-
Ħ				
ē	2011 D   1001			
S	PS Form 3811, December 1991 &U.S. GPO: 1993—352	-714 D(	OMESTIC RETURN RECEIPT	
_				

the reverse sid	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 tha return this card to you.  Attach this form to the front of the mailpiece, or on the back it does not permit.  Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	f space cle number.	1 also wish to receive the following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery  Consult postmaster for fee.
our RETURN ADDRESS completed o	3. Article Addressed to: M. Aloya B. Hill 1860 Bralmar Road Paradolena, CA 91103 M. Jun  5. Signature (Addressee) 6. Signature (Agent)	4b. Ser Regis	vice Type stered Insured
ls y	PS Form <b>3811</b> , December 1991 , aU.S. GPO: 1993—352	-714 D	OMESTIC RETURN RECEIPT

~	OCALDED		<del></del>	
side	SENDER:  • Complete items 1 and/or 2 for additional services.  • Complete items 3, and 4a & b.		I also wish to receive the following services (for an extra	9
/erse	<ul> <li>Print your name and address on the reverse of this form so that return this card to you.</li> </ul>		fee):	rvic
é	<ul> <li>Attach this form to the front of the mailpiece, or on the back it does not permit.</li> </ul>	fspace	1. 🗀 Addressee's Address	S
ţ	Write "Return Receipt Requested" on the mailpiece below the arti-     The Return Receipt will show to whom the article was delivered at		2. Restricted Delivery	eceipt
0	delivered.		Consult postmaster for fee.	Rec
þø	3. Article Addressed to:	4a. Arri	icle Number	_
mplet	Mrs. Clara J. McCurdy	4b. Ser	37/ /5 / 455_ vice Type stered ☐ Insured	Return
SSCo	29420 Via La Plaza	Certi	ified COD	sing
DRE	Murrieta, CA 92563		ess Mail Heturn Receipt for Merchandise	for 1
AP			7/3/9	you
E	5. Signature (Addressee)	8. Addi	ressee's Address (Only if requested fee is paid)	춛
Ir RETU	Signature (Agent)	and	ice is paid)	Tha
s you	PS Form <b>3811</b> , December 1991 &U.S. GPO: 1993—352	-714 D(	OMESTIC RETURN RECEIPT	
<u>~</u>				

Ġ.	SENDER:			
sid	Complete items 1 and/or 2 for additional services.		I also wish to receive the	
S	Complete items 3, and 4a & b.		following services (for an extra	eci
Se	Print your name and address on the reverse of this form so that	t wa can	•	<u>.</u>
8	return this card to you.	t we can	fee):	`≥
ře	Attach this form to the front of the mailpiece, or on the back if does not permit.	space	1. Addressee's Address	Se
the	Write "Return Receipt Requested" on the mailpiece below the article.		2. Restricted Delivery	ceipt
_	<ul> <li>The Return Receipt will show to whom the article was delivered ar delivered.</li> </ul>	nd the date	Consult postmaster for fee.	ខ្ល
5			<u> </u>	æ
Ď	3. Article Addressed to:		icle Number	=
olete	Mr. Harvey R. Jaylor and		1391759353	ţū
E o	Bill G. Sayon	4b. Ser	vice Type stered	æ
ŏ				Ē
S	111 1 Annal Quality	Certi		÷
ES	1106 N. Country Club	☐ Expr	ess Mail Repure Receipt for	ä
<u>K</u>	<b>/</b> f	·	A Merchandise	ō
ADC	Carlshad, MM 88220	7. Date	of Delivery	og t
2		- A 1 1		>
~	5. Signature (Addressee)	8. Addi	essee's Address Only if requested	폭
$\supset$		and	fee is pa(d)	ä
	<del></del>		000	عَج
~	6. Signature (Agent) /		(1)	_
Ħ	13 see Jay home			
Q	2014 7			
>	PS Form 3811, December 1991 ±U.S. GPO: 1993-352	·714 D(	OMESTIC RETURN RECEIPT	

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.
IN ADDRESS completed o	3. Article Addressed to: Mr. Russell A. Braun P.O. Box 463. Columbua, IL 62236	☐ Registere	Type  ad
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  PS Form 3811, December 1994	8. Addressee and fee is	Domestic Return Receipt

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.		1.		eipt Service.
npleted	3. Article Addressed to: Mr. and Mrs. Robert Llonar	4a. Article N 4b. Service	391 759 .	376	turn Rec
ESS com	P.O. Box 254	☐ Registere	ed Mail	Certified Insured	ısing Re
IN ADDE	Lakehead, CA 96051 Hathryn Leonard	7. Date of De	ceipt for Merchandise elivery -4-97	☐ COD	you for 1
your BETUR	5. Received By: (Pfint Name)	8. Addressed and fee is	e's Address (Only i paid)	f requested	Thank
<u> </u>	PS Form <b>3811</b> , December 1994	·	Domestic Ret	urn Receipt	

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 *Faturn 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.
ted	3. Article Addressed 15.	201759275
mple	Ms Margaret H. Metchello. Service 335-B Quenida Seulla Registe	Type
SCO	326-B Olymida Shulla Registe	red Certified
ES		
B		eceipt for Merchandise
NAD	Cayora Maison	
RETUE	5. Received By: (Print Name) 8. Address and fee	ee's Address (Only if requested is paid)
s your [	6. Signature: (Addressee of Agent)	, 
-	PS Form 3811, December 1994	Domestic Return Receipt

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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	-	
		4a. Article N	hymber 391 759 368	_ 6
SS comp		4b. Service 1 ☐ Registere ☐ Express I	Type Certified	_ ;
ADDRE	Mak Anah IN raich		ceipt for Merchandise	- j
TURN	5. Received By: (Print Name)		e Address (Only if requested	ۇ د
your RE	6. Signature: (Addressee or Agent)  X Betty Moraums	and fee is	s Jaid	F
<u>~</u>	PS Form 3811 December 1994		Domestic Return Receip	ī

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	I also wish to receive the following services (for an extra
<ul> <li>Print your name and address on the reverse of this form so that return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if does not permit.</li> </ul>	if space 1. Addressee's Address
Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	
M. and Mrs. Norman C. Joy and Ima World	4a. Article Number 759 360  4b. Service Type Registered Insured
5938 9' Bery au.	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) Jay Wathours	and ree is paid?
PS Form 3811, December 1991/ +U.S. GPO: 1993-352-	2-714 DOMESTIC RETURN RECEIPT

eted 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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.  3. Article Addressed to:	e does not e number. d the date	2. ☐ Restric Consult postma	es (for an see's Address ted Delivery	n Receipt Service.
Is your RETURN ADDRESS completed	Joseph and Allan Ray P.O. Box 230 Sa Musa, CA 91944  6. Redeived by: (Print Name)  6. Signature: (Addressee or Agent)  X PS Form 3811, December 1994	Registered Express Return Retu	ed Mail ceipt for Merchandi elivery G e's Address (Onli paid)	7/	Thank you for using Return

Ir 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 return this card to you.  • Attach this form to the front of the mailpiece, or on the back if does not permit.  • Write "Return Receipt Requested" on the mailpiece below the article.  • The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  M. Ykunn M. Macublus  Land S. Euruka Strutt  Complete items 1 and/or 2 for additional services.	space cle number. nd the date 4a. Art 4b. Ser Regi Certi Expr 7. Date 8. Addi	Consult postmaster for fee.    Consult postmaster for fee.	Thank you for using Return Receipt Service.
s your RE	6. Signature (Agent) PS Form <b>3811</b> , December 1991	-714 D	OMESTIC RETURN RECEIPT	F r
_				

$\sim$	SENSES.		
side	SENDER:  • Complete items 1 and/or 2 for additional services.	I also wish to receive the	
9	• Complete items 3, and 4a & b.	following services (for an extra	ě.
37.8	<ul> <li>Print your name and address on the reverse of this form so that we return this card to you.</li> </ul>	can fee):	₹
reve	<ul> <li>Attach this form to the front of the mailpiece, or on the back if spac does not permit.</li> </ul>		Ser
ŧ	Write "Return Receipt Requested" on the mailpiece below the article nu     The Return Receipt will show to whom the article was delivered and the	umber. 2. Restricted Delivery	eceipt
5	delivered.	Consult postmaster for fee.	Ö
Ď	3. Article Addressed to: , 4a.	. Article Number	Œ
dete	Mr. Chad Michael Modrich	4391 159 354	eturn
Ē	4b.	. Service Type	Be
Ď.		Registered	
_		_	D
SS		Certified	sing
RESS		Certified	r using
DDRESS	Vorbatinda CA 926811 1	Certified COD  Express Mail Return Beceipt for	for using
ADDRESS	yorvatinda, CA 92686 19887 Lambar	Certified COD  Express Mail Return Receipt for Merchandise  Date of Deliver Control of C	you for using
IRN ADDRESS	yorvatinda, CA 92686 19887 Lambar	Certified COD  Express Mail Return Receipt for Merchandise  Date of Delivery  Addresse 's Afteress (Only if reduested	ik you for using
TURN ADDRESS	yorvatinda, CA 92686 19887 Lambar	Certified COD  Express Mail Return Receipt for Merchandise  Date of Deliver Control of C	nank you for using
RETURN ADDRESS	yorvatinda, CA 92686 5 19882 Lombo 18 50 signature (Addressie) 8.	Certified COD  Express Mail Return Receipt for Merchandise  Date of Delivery  Addresse 's Afteress (Only if reduested	Thank you for using
our RETURN ADDRESS	yorbatinda, CA 92686 5 19882 Lombo 18 50 Bignature, (Addressie) 8.	Certified COD  Express Mail Return Receipt for Merchandise  Date of Delivery  Addresse 's Afteress (Only if reduested	Thank you for using

card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article	e does not e number.	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. John Smith 7925 E. Saffion St. Anaheim, CA 92808	4b. Service  Registere  Expreds  Return Re	Type  ad   Certified  Mall   Insured  Couple for Merchandise   COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811. December 1994	and fee is	e's Address (Only if requested paid)  Domestic Return Receipt
	■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 card to you. ■Attach this form to the front of the mailpiece, or on the back if space permit. ■Write***Heturn Receipt Requested** on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  May Amahum, Chapter St.  Saffurn St.  Manahum, Chapter St.  Saffurn St.  Manahum, Chapter St.  S. Received By: (Print Name)	■ 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:  4a. Article No. Service □ Registere □ Registere □ Return Re □ Return Re  7. Date of Do.  5. Received By: (Print Name)  8. Addressed and fee is  6. Signature (Addressed or Agent)

· ·				
iде	SENDER:		I also wish to receive the	
S	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, and 4a &amp; b.</li> </ul>			ej.
Se	Print your name and address on the reverse of this form so that	t we can	fool	Z.
ē	return this card to you.			Ξ.
6	<ul> <li>Attach this form to the front of the mailpiece, or on the back if</li> </ul>	space	1. 🗀 Addressee's Address	တ္တ
9	does not permit.		_	Ħ
£	Write "Return Receipt Requested" on the mailpiece below the article.  The Batter Bresiet will about to whom the article was delivered as		2. Restricted Delivery	ij
Ç	<ul> <li>The Return Receipt will show to whom the article was delivered at delivered.</li> </ul>	no the date	Consult postmaster for fee.	eceipt
9	3. Article Addressed to:	Δa Δrti	icle Number	Œ
ĕ		T. C.	7201 160 269	Ε
<u>ē</u>	Mo. Lucy P. Metchell		011 10 1001	turn
문		4b. Ser	vice Type	æ
5	255 Porto Fino Ways	Regis	stered 🔲 Insured	_
O	acs reasons way	Certi		g
Š	10 de la comme			. <u>s</u>
뮕	Redondo CA 902770	∐ Expr	ess Mail CA State Return Receipt for	Ξ.
۵	1,000,000	7 Date	Delivery	₫
9		7. 50.0	(S) \ \	3.
7			8/m ~ \s/	ē.
룵	5. Şignature (Addressee)	8. Addr	Biscous Address (Qaly if requested	J
5	> RICHARD MITCHELL		fee is paid)	፫
E		`		ڠ
~	6. Signature (Agent)		TSO TROG HIM	_
Ž	20 down total O		4300 11.	
>	PS Form: 3811, December, 1991. xu.s. GPO: 1993-352	714 D/	OMESTIC RETURN RECEIPT	
S		D	DIVIESTIC RETORN RECEIPT	
	<b>V</b>			

and fee is paid)

6. Signature (Agent)

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

sic.	ENDER: Complete items 1 and/or		s.		l also	wish to receive	the
_	Complete items 3, and 4s Print your name and address		hin farma an Abra			services (for an e	extra 8
	turn this card to you.	ezz ou tue levelze of t	nis form so that	we can	fee):		ess d
	Attach this form to the from the permit.	ont of the mailpiece, o	r on the back if	space	1. 📙	Addressee's Addre	-
the .	Write "Return Receipt Req	uested" on the mailpied	e below the articl	e number.	2. 🗆	Restricted Delivery	y \.
5 de	The Return Receipt will sho elivered.		was delivered and	tne date	Consult	postmaster for fee.	
	3. Article Addressed	to:	. 1	4a. Arti	cle Numb	85~~ C ~	ه
je je	May 4) Y	Saruma-G	NIM I	4	391	159360	
E G	113036.0.			4b. Ser	vice Type		· ;
Ö	UN PAY	50669		Regis		☐ Insured	
S	7.0.	0.1.0		<b>C</b> erti	fied	□ cod	t for
DDRESS completed	santa &	urvara.	UA 1	☐ Expr	ess Mail	Return Receip	t for
QQ ,		A Contract of the Contract of	ا مسراد	7. Date	of Delive		4
<b>⋖</b> }		Y	100 1	· 1	199		į
CRN 5	. Signature (Addresse	ee) /	: :	8. Addr	essee's A	ddress (Only if requ	uested
2	K Darin	a-504Vd		and	fee is paid	1)	5
RET 6	. Signature (Agent)	111	7				F
ָ בַּ		1 0	*				
OV S	S Form 3811, Decei	mber 1991 wu.s.	GPO: 1993-352-7	14 D	MEST	C RETURN REC	FIPT

### **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 4 day of February, 1997 by William F. Carr.

Notary Public

My Commission Expires:

### **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

AFFIDAVIT, Page 2 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
Case INU.	11145	LAMORT NO.	

AFFIDAVIT, Page 3

Submitted by:	Manzano Oil Corporation

Hearing Date: February 20, 1997

## & 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

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 220B

SANTA FE, NEW MEXICO 87504-2208
TELEPHONE. (505) 988-4421
TELECOPIER: (505) 983-6043

JACK M CAMPBELL OF COUNSEL

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** 

P 087 492 300

Receipt for
Certified Mail
No Insurance Coverage Provided

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

	Prostatur	\$
	48.44.3.44.	
	Ker i er ett. er	
	and the time to the same	
	Return Receipt Snowing Iv. When & Date Descrep	
	Herum Receipt Snowing to Welom, Date land Addressee's Address	
.	TOTAL Postage & Fees	\$
	Postmark or Date	
	JAN 3 0 199	7

	3 <b>y</b> C	u	nL.	<u> </u>	111	Ų	ΔU	-25	2 60	A I II	Neu	FQ (	ON 1	ne r	eve	rse :	side?
PS Form <b>3811</b> , December 1994	× Kathum La such	6. Signature; (Addressee or Agent)	nothryn Leonard	5. Received By: (Print Name)			Editoricad, Ort. 2000 i	Takehead CA 96051	Post Office Box 254	Mr. & Mrs. Kobert Leonard		3. Article Addressed to:	delivered.	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date</li> </ul>	Attach this form to the front of the mailpiece, or on the back if space does not permit	= Compare mems at, ∗at, and ∗bt. ■Print your name and address on the reverse of this form so that we can return this card to you.	SENDER:  Complete items 1 and/or 2 for additional services.
Domestic Return Receipt			and fee is paid)	dress (Only if requested	2-6-97		☐ Return Receipt for Merchandise ☐ COD	☐ Express Mail ☐ Insured .in	☐ Registered	4b. Service Type	P 087 492 300	4a. Article Number	Consult postmaster for fee.	e number. 2.   Restricted Delivery	æ does not	e can return this extra fee):	I also wish to receive the

Receipt for Certified Mail No Insurance Coverage Provide
--

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

	Fulfap	\$
	seriji ervekilên	
	Hage to Darriery Fee	
	Return Redelst Snowing 1 Wur in & Date De Vereo	
	Beturn elene at Snowing to Windm. Date our L'Addressee's Address	
5	TOTAL Ristage के स्थित	\$
	Postrcark or Date  JAN 30	1997

is your <u>F</u>	RETURN A	DDRESS con	npleted o	on the re	everse side?
6. Signatura: (Addressee organic)  **Reduction 15. Carpet Life PS Form 3811 December 1994	5. Received By: (Print Name)	335-B Avenida Sevilla Laguna Hills, CA 92653	3. Article Addressed to:  Margaret H. Mitchell	<ul> <li>Write 'Return Receipt Requested' on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	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 malipiece, or on the back if space does not
Domestic Return Receipt	Addition is part)  Thank to is part)  Thank you	⊠ Certified ☐ Insured br Merchandise ☐ COD	4a. Article Number  10087 49-30/ Received Type  4b. Service Type	<ol> <li>Restricted Delivery</li> <li>Consult postmaster for fee.</li> </ol>	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address

Receipt for
Certified Mail
No Insurance Coverage Provided

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

	Poste v	\$
	Certific ( Fee	
	Special implication	
	Restricted Delivers Fre	
1991	Return Releast showing to Weller & Date Cellerted	
ne ,	Return Receptions wings (An incidence Date, and Addressee's Address	
٥, ا	TCTAL Politique & Fees	\$
PS Form <b>3800</b> , June 1991	Postmark of Date	1997

ls	your <u>RETU</u>	RN ADDR	ESS c	omplet	bed o	on ti	he r	eve	rse side?	
PS Form <b>3811</b> , December 1994	6. Signature: (Addyessee or Agent)		La Mesa, CA 91944		3. Article Addressed to:	delivered.	Write "Return Receipt Requested" on the mailpiece below the article number.	• Attack this form to the front of the mailpiece, or on the back if space does not represent.	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.	
Dome	8. Addressee's Addr and fee is paid)	7. Days of Delivery	☐ Registered  Express Mail	4b. Service Type	4a. Article Number		-			
Domestic Return Receipt	8. Addressee's Address (Only if requested and fee is paid)	Werchandise LI COD		424 00		Consult postmaster for fee.	2. Restricted Delivery	1.  Addressee's Address	l also wish to receive the following services (for an extra fee):	
	Thank	you for u	ısing R	eturn		eipt	Ser	vic	e. '	•

Receipt for Certified Mail

Mo Insurance Coverage Provided

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

	BH (F)	T
	action (co.	\$
	den a legiser Eli	
	Retro to 1 decler. Fee	
9.1	Peturone eletishikang	
e 199	th Month & Sate Delivers : Het Month Assault Schwing to Mount	
Jun	Date of diAldressee's Autres. TOTA Elistage	\$
300,	& Fee Poster ank or Date	\$
PS Form <b>3800,</b> June 1991	JAN SU 13	<b>3</b> /



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

	1.14.	\$
	and the decision	
	and the second second	
	Anna Salah Feb	
991	eartur revoluti Strause rough mily Dure Vervela	
ine 1	Within House to the Control Dynamic Additionable a Addition	
ر <b>(</b>	ngina it strae Silipu	\$
380	Politriary or Date	
PS Form <b>3800</b> , June 1991	JAN 3 0 1997	7

I	s your j	RETU	RN AD	DRE	SS	co	m	olete	d (	on t	he r	8V8	rse si	de?
PS Form 38/11, December 1994	6. Signature: Addresselfu Agenty  X  MADMANGE	5. Received By: (Print Name)			Columbia, IL 62236	Post Office Box 463	IVII. NUSSKII /A. DI auli	Mr Russell A Brain	3. Article Addressed to:	delivered.	■ Write "Return Receipt Requested" on the mailpiece below the article number.  ■ Write "Return Receipt will show to whom the article was delivered and the date.	<ul> <li>Attach this form to the front of the mailpiece, or on the back if space does not narmit</li> </ul>	Complete items 3, 4e, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.	SENDER:  Complete items 1 and/or 2 for additional services.
Domestic Return Receipt		8. Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery G	☐ Return Receipt for Merchandise ☐ COD	☐ Express Mail ☐ Insured .5	☐ Registered	4b. Service Type	P 087 492 304	4a. Article Number	Consult postmaster for fee.	e number. 2.   Restricted Delivery	e does not 1. [] Addressee's Address	following services (for an extra fee):	l also wish to receive the

# 087 492 CAMPBELL, CARR, BERGE & SHERIDAN, P.A. MEXICO 87504-2208

THE RESERVE

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

The state of the s

r-!!!

**位的原则上的的原理证** 

087 492 305



Receipt for Certified Mail No Insurance Coverage Provided

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

	Postage	\$
	Certifie tines	
	Special In very fee	
	Restricted Delivery Ferr	
331	Return Fribeipt Show'rig to Whom & Date Delivered	
911	Return 8-dept Showing to Whom Date, and Addresses & Address	
, ,	TCTAL Postage & Fees	\$
3	Postmark or Date	
13 rolli 300, Julie 133 i	19736 m	

SENDER:  - Complete items 1 and/or 2 for additional services.  - Complete items 3.4a, and 4b.		I also wish to receive the following services (for an		
■ Print your name and address on the reverse of this form so that we can return this	can return this	extra fee):		
Calculus you.  And the first of the front of the mailpiece, or on the back if space does not	e does not	1. 🔲 Addressee's Address 😽		ă
■ Weterium. ■ Weterium. ■ Wetering Booglet Requested* on the mailpiece below the article number. ■ The Desire begins will show to whom the editor was delivered and the date.	e number.	2. 🗆 Restricted Delivery	120	
delivered.		Consult postmaster for fee.	adia	
3. Article Addressed to:	4a. Article Number	nther section and the section		
e e	7 5	208 x bh 180 0		
Beverly Fowers	4b. Service Type	Ape Apple	-	
Earl C. & Blossom J. Peterson	☐ Registered	d Certified Re		
5215 Shenandoah Avenue	☐ Express Mail		Luc	
Totalas CA 00056	☐ Return Rec	☐ Return Receipt for Merchandise ☐ COD =	-	
Los Aligeres, CA 20050	7. Date of Delivery	of uc		
		Ac		
5. Received By: ( <i>Print Name</i> )	8. Addressee's Ad and fee is paid)	8. Addressee's Address (Only if requested Rand fee is paid)		
6. Signature: (Addressee or Agent) X				1
PS Form <b>3811</b> , December 1994		Domestic Return Receipt	-	

P 087 492 306

Receipt for
Certified Mail
No Insurance Coverage Provided

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

Postavi	\$	
Seat Femilian		
Special Seviences (Fre		
Restricted Delivery Fee		
Return Receipt Snowing to Whom & Date Delivered		
Beturn Recept Showing to Date, and Addressee's Add		
FOTAL Postage & Fees	\$	
Return Receipt Showing to Whom & Date Delivered Histurn Receipt Showing to Date, and Addressee's Addroverse Showing to ToTAL Postage & Fees Postmark or Date  JAN 3	0 1997	

PS Form <b>3811</b> , December 1994	6. Signatures (Addressee or Agent)  X Suuly Saw	5. Received By: (Print Name)			Lovington, NM 88260	Last Stat Nt., DOX 713	Fact Star Dt Dow 012	Mr. Kenneth R. Boss	3. Article Addressed to:	delivered.	■ 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.	Attach this form to the front of the mailpiece, or on the back if space does not permit	■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.	SENDER:  Complete items 1 and/or 2 for additional services.
		8. Addressee's Ad and fee is paid)	7. Date of Delivery	☐ Return Re	Express Mail	☐ Registered	4b. Service Type	00	4a. Article Number		e number. d the date	e does not	can return this	
Domestic Return Receipt		8. Addressee's Address (Only if requested and fee is paid)	elivery	Return Receipt for Merchandise   COD	Mail □ Insured	ed XI Certified	Турө	0087 492 306	umber	Consult postmaster for fee.	2. Restricted Delivery	<ol> <li>1. ☐ Addressee's Address</li> </ol>	following services (for an extra fee):	l also wish to receive the
ceipt		Thank	you fo		eing Sing	aifed R	etu	rn F	lec	•	Ž Sei			

Is your RETURN ADDRESS completed on the reverse side?



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

	Sec. 14.4	\$		
	Just the ground			
	Special de ler. Éve			
	Restricted CHRIST, Fee			
166	Return Percept Showing to Whom & Date Delivered			
nue 1	Return Receipt Snowing to Whom, Date, and Addressee's Address			
ر <b>0</b>	FOTAL Pustage & Feet	\$		
PS Form <b>3800,</b> June 1991	JAN 3 0 19	o/		

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 germit.  The 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. Dale Boland  Lovington, NM 88260  Express Mail  Domestic Return Receipt for fee.  4a. Article Number  Consult postmaster for fee.  4b. Service Type  4b. Service Type  4c. Certified  Express Mail  Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)  B. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt to Receipt Consult Page 1994  Domestic Return Receipt Receipt Consult Page 1994	•	o your	<u> </u>	שאווו	UI ILU	2 (4	714		ж	ne i	eve	rse side?
I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  cle Number VICE Type Istered Istered Insured Im Receipt for Merchandise COD of Delivery essee's Address (Only if requested fee is paid)  Domestic Return Receipt	PS Form <b>3611,</b> December 1994	) (L)			Lovington, NM 88260	1417 S. 2nd		Mr. Dala Daland	delivered.	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the article</li> <li>The Return Receipt will show to whom the article was delivered and</li> </ul>	Attach this form to the front of the mailpiece, or on the back if space permit.	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 card to you.
Thank you for using Return Receipt Service.	Domestic Return Receipt			188 S	8.		4b. Service Type		Consult postmaster for fee.	2.  Restricted Delivery	1. Addressee's Address	l also wish to receive the following services (for an extra fee):

Receipt f Certified	
No Insurance	Provided

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

	Postag-	\$							
	Certified Fee	<b>†</b>							
	Special Deliver, 355								
	Restricted Delicer, Fire								
1991	Return Receipt Showing to Whom & Date Delivered								
nue	Return Receipt Showing to Whom Date, and Addresses Address								
<b>0</b>	TOTAL Postage & Fees	\$							
380	Postmark or Date								
PS Form <b>3800</b> , June 1991	JAN 3 0 199	17							

Domestic Return Receipt		PS Form <b>3811</b> December 1994
		6. Signature: (Addressee or Agent)  X Bittum Mouse
paid)	nd fee is paid)	USPO
Address (Only if requested	Addresse	5. Received By: (Print Name)
elivery	7. Date of Delivery	6
Beium Receipt for Merchandise	Dieum Re	(%) FIB
Mail	AH Express Mail	Oak Creek, WI 53154
ed (X) Certified	Registered	nue /
Туре	4b. Service Type	1104 11 11 11 11
87 492 308	P087	Ada D. Dowdell
lumber	4a. Article Number	3. Article Addressed to:
Consult postmaster for fee.		delivered.
2.  Restricted Delivery	d the date	<ul> <li>Write "Return Receipt Requested" on the malipiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date</li> </ul>
1. ☐ Addressee's Address	e does not	After this form to the front of the mailpiece, or on the back if space does not negratify
following services (for an extra fee):	ecan return this	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> </ul>

	Recei	pt f	or	
	Certif	ied	Mail	
1.0	No Insu	rance	Coverage Prov	ided
	~	10		

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

Partige Control of Control Con	\$
Reimstad Delivers Fee  Reime Reselot Showing to Whom is Date Delivated  Reigh Religiot I nowing to Whom Date, and Addressele's Address	
figitAt Postage & Fees Postmark or Date	\$
JAN 3 ()	55/

ŀ	s your !	RETU	N AD	DRES	è co	MUÈ	pleted	on t	he r	eve	rse side?
PS Form <b>3811,</b> December 1994	8. Signature: (Addressee or Adehi) - X Necrial A. Kell, wet	5. Received By: (Print Name)		Lovington, NM 88260	Post Office Box 732	ipany [			<ul> <li>Write Return Receipt Requested on the mailplece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date</li> </ul>	Attach this form to the front of the mailpiece, or on the back if space does not permit	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.
Domestic Return Receipt		8. Address (Only if requested and talk is the party)	Page of Delivery	☐ Farum Receipt by Verchandise ☐ COD us	(X) Certified	4b. Service Type	P087 492 309 R	Consult postmaster for fee.	2.  Restricted Delivery	does not 1. ☐ Addressee's Address	l also wish to receive the following services (for an extra fee):



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

	Fortage	\$
Ī	ger first rac	
	Dentis Complete the	
t	But Martin's Decision of Free	
991	Hurum er leigt Growing 19 White is Dath Cellures	
ne J	freeder Beceipt shit wing to Whole. Date list it Addressee is Address.	
ر <b>ر</b>	TCTA: Postage & Feet	\$
PS Form <b>3800,</b> June 1991	Postmark or Date  JAN 3 G 03	37

l	s your !	RETU	RN AD	DRE	SS	co	mţ	lete	ed (	on t	he r	<b>e</b> ve	rse :	side?
PS Form/2811, 'bécémber 1994	6. Signature (Addresses) Agents X	5. Received By: (Print Name)		<b>.</b>	Anaheim CA 92808	7925 E. Saffron Street		Mr. John Smith	3. Article Addressed to:	delivered.	■ 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	Attach this form to the front of the mailpiece, or on the back if space does not permit	<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> </ul>	SENDER:  Complete items 1 and/or 2 for additional services.
Domestic Return Receipt		8. Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery  2/(5)  you	for Merchandise   COD	☐ Express Mail / ☐ Insured in	☐ Registered	4b. Service Type	# P087492310	4a. Article Number	Consult postmaster for fee.	number. 2. Aestricted Delivery	e does not	can return this extra fee):	I also wish to receive the

4	Receipt f Certified	or Mail	
TM	No Insurance	Coverage	Provided
Dottie Da	rden	-	

6821 Club Meadows Drive Amarillo, TX 79124

	Postage							
		\$						
	Certified sign							
	Special Delivery For							
	Restricted Deliver, Fee							
1991	Return Paceiot Showing to Whom & Date Delivered							
nue	Return Receipt Snowing to Whom, Date, and Addressee's Address							
<b>0</b> ,	TGTAL Postage & Fees	\$						
80	Postmark or Date							
PS Form <b>3800,</b> June 199,	JAN 3 0 19	997						
PS								

I also wish to receive the following services (for an extra fee):  a does not  a can return this following services (for an extra fee):  1.  Addressee's Address enumber  2.  Restricted Delivery Consult postmaster for fee.  4a. Article Number Consult postmaster for fee.  4b. Service Type Registered Consult postmaster for fee.  Ab. Service Type Return Receipt for Merchandise COD  7. Date of Delivery Andressee's Address (Only if requested and fee is paid)  Domestic Return Receipt	PS Form <b>3811</b> , December 1994	6. Signature: (Addressee or Agent)	5. Received By: (Print Name)	1	Ailiatillo, 1X /9124	6821 Club Meadows Drive	Doube Darden	プロボング・	3. Article Addressed to:	Tellvered.	Period.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Deturn Receipt will show to whom the settle was delivered and the date.	<ul> <li>Extract to your</li> <li>Extract this form to the front of the mailpiece, or on the back if space does not norm?</li> </ul>	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this next in your.</li> </ul>	SENDER:
	Domestic Return Rece		Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery  2/5/97	☐ Return Receipt for Merchandise ☐ COD			P 087 492 311	4a. Article Number					

Is your <u>RETURN ADDRESS</u> completed on the reverse side?

# P 087 492 312 Receipt for Certified Mail Moleostrance Coverage Provided

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

Postage	\$	
Certification		
Special Sensers For		
Prestricted Delivers Fee		
Peturn Receipt Strawing to Vinorr & Date Delivered		
Peturn Receipt Snowing to Whom Date, and Addresses & Address		
TOTAL Postage & Fees	\$	
Peturn Recent for Jwing to Whom & Dath Delivered Peturn Recent for Jwing to Whom Date, and Addresses Address  TOTAL Postage & Fees  Postmark or Date  1 1 1 3 0 10	997	

ł	s your	RETU	RN ADI	DRES	S co	mp	lete	d (	on ti	he r	PVOI	se s	ide?
PS Form <b>3811</b> , <b>becember</b> 1994	6. Signature: (Addresseé or Agent)  XXX COR (CURLENGE)	5. Received By: (Print Name)		Oceanside, CA 92056	3577 Evening Canyon Road	Miles Ocolge II. Alideison	Mac Cooper II Andrean	3. Article Addressed to:	delivered.	■ Write "Return Receipt Requested" on the mailpiece below the article number.  ■ Write "Return Receipt All show to whom the stricle was delivered and the date.	Annich this form to the front of the mailpiece, or on the back if space does not negative.	<ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this part to you.</li> </ul>	SENDER:  - Complete items 1 and/or 2 for additional services.
Domestic Return Receipt		8. Addressee's Address (Only) frequested had and fee is paid)	7. Date of Delivery  2-E/F 97 Que	☐ Express wall ☐ Insured		4b. Service Type	P087 492 312	4a. Article Number	Consult postmaster for fee.	number. 2.  Restricted Delivery	a does not 1. ☐ Addressee's Address	can return this extra fee):	I also wish to receive the

	Receipt f	
_	Certified	Mail
	 No Insurance	Coverage Provided
	-	Land Mari

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

	Pristage	\$							
	uented see								
	Sue la Cenver. Rev								
	Restraction Designs, Fee								
991	Perum Rene of Shuwing in Whom & Date Delivered								
nue 1	Return Receipt Snowing to Whom, Date, and Addressee's Address								
ر ,	TOTAL Postage & Fees	\$							
380	Postmark or Date								
PS Form <b>3800,</b> June 1991	JAN 30 1	997							

is	your <u>P</u>	ETUR	N ADD	RES	\$ 0	on:	npk	sted	O	n the	re'	vers	se side?	
PS Form <b>3811</b> , December 1994	6. Signature: [Addressee or Agent]	5. Received By: (Print Name)		Seal Beach, CA 90/40	1000 1 0200 18 1000 17 T	1080 Foxburg Road, Apt. 2161	Louise M. Augereau	C. Piece Property	a Article Addressed to:	The Return Receipt will show to whom the article was delivered and the delivered.	permit.  Write "Return Receipt Requested" on the mailpiece below the article number.	card to you.  ### Attach this form to the front of the mailpiece, or on the back if space does not	➤ ENUTER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that we can return this	
Domestic Heturn Hecelpt		8. Addressee's Address (Only if requested and fee is paid)	)	☐ Return Receipt for Merchandise ☐ COD 5	☐ Express Mail ☐ Insured in	☐ Registered	4b. Service Type	P087 492 313	4a. Article Number	Consult postmaster for fee.	2.  Restricted Delivery	1. Addressee's Address	l also wish to receive the following services (for an extra fee):	

2nd Notice-ሀቆን 492 314 GEIENNIE G Mr. E.D. Baring-God σ. Post Office Box Santa Barba CAMPBELL, CARR, BERGE & SHERIDAN, P.A. NEW MEXICO 87504-2208 POST OFFICE BOX 2208 LAWYERS 187 NOTICE FISCAND

087 492 314



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

	Postaly	\$
	Certific + Fee	
	Scella Dervel, Fe	
	Restricted Daniery Fee	<u> </u>
1991	Return Face of Showing to Which & Date Derivered	
nue	Return Pack of Showing to White Date on 1 Addressed's Address	
٥, ا	TOTAL Protage & Pack	\$
PS Form <b>3800</b> , June 1991	Postmark or Date  JAN 3 0 15	397

				_		
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	e can return this	l also wish following s extra fee):	I also wish to receive the following services (for an extra fee):	4	PS Form	1.7
<ul> <li>Attach this form to the front of the mailpiece, or on the back if space does not</li> </ul>	e does not	<u>-</u>	1. 🔲 Addressee's Address	AļC		1
■ Perfull.  ■ Weight Receipt Requested* on the mailpiece below the article number.  ■ The Bosine will show a character the delivered and the delivered.	e number.	2.	2.   Restricted Delivery	Ser		
I THE POTULIT PECRIPL WILL SHOW TO WITH THE STRUCK WAS USINVERED ATO THE DATE DELIVERED.		Consul	Consult postmaster for fee.	1qi <del>a</del>		
3. Article Addressed to:	4a. Article Number	mper	1100 2111	эөн	J4	
Mr. E.D. Baring-Gould	CO T Spirite Time		410 217	wn	N .	
Post Office Box 50609	+0. Service iy   ☐ Registered	<u> </u>	X Certified	1 <del>9</del> A	3 9	_
Santa Barbara CA 02150	Express Mail	ai ai	Insured	6uį:	15	
Sum Dalbala, CA 93130	☐ Return Reco	apt for M	☐ Return Receipt for Merchandise ☐ COD	EU 1	197	
	7. Date of Delivery	ivery		oi uoy	•	
5. Received By: (Print Name)	8. Addressee's Ad and fee is paid)	s Addre	8. Addressee's Address (Only if requested and fee is paid)	i Jusuk i		
6. Signature: (Addressee or Agent) X				L		ı
PS Form <b>3811</b> , December 1994		Dome	Domestic Return Receipt			

Is your RETURN ADDRESS completed on the reverse side?



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

	Printy:	\$
	Cartin Fin	
	decar of the same	
	Pulse this Deliver, Egg	
991	Return Prevent Snown : to Whith & Date Delived	
nue 1	Helum Arkerpt Snowin Life Minore Cate, and Addressee's Address	
ਂ <b>ਂ</b>	FCTAL Postage & Fees	\$
PS Form <b>3800</b> , June 1991	Postnark or Date  JAN 5 U K	997

ls your	RETURN	<u>DDRESS</u> completed on the reverse	e side?
6. Signature.) (Addressee or Agent) X PS Form <b>3811</b> , December 1994	5. Received By: (Print Name)	and to your name and address on the levelse of this brill address on the death to that we can recult the address of the form of the malipiece, or on the back if space does not permit.  ■Write 'Return Receipt Requested' on the malipiece below the article number.  ■The Return Receipt will show to whom the article was delivered and the date delivered.  3. Article Addressed to:  Wr. Clifford L. Payne  Post Office Box 849  Lovington, NM 88260  □ Register  □ Return Receipt will show to whom the article was delivered and the date date delivered.  4b. Service □ Register □ Return Receipt will show to whom the article was delivered and the date date date date date date date dat	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.
Domestic Return Receipt	8. Addressee's Address (Only if requested and lee is paid)	1.  2.  Consult lumber lumber Type ed Mail Mail estimates a consistency of the construction of the constru	
urn Receipt	if requested	Addressee's Address Restricted Delivery postmaster for fee.  492315  A Certified Insured Inchandise   COD	eive the

# 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

-55
T
\$
-
\$
<del>-</del>
997

ı	s your j	RETU	RN AD	DRES	<u>S</u> co	hut	olet	ed	on t	he r	eve	rse :	side?
<b>Br</b> 1994	6. Signaturg: (Addresspe of Agent)	5. Received By: (Print Name)		Scottsdale AZ 85252	and Iona Wonock, Joint Tenants		Mr & Man Nomen	3. Article Addressed to:	delivered.	■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.	Attach this form to the front of the mailpiece, or on the back if space does not permit.	<ul> <li>Compare name and address on the reverse of this form so that we can return this card to you.</li> </ul>	SENDER:  -Complete items 1 and/or 2 for additional services.
Domestic Return Receipt		8. Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery	☐ Return Receipt for Merchandise ☐ COD	Z Certified		P 087 492 316		Consult postmaster for fee.	e number. 2. Restricted Delivery	1. ☐ Addressee's Address	extra fee):	l also wish to receive the



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

Postage	\$
Certified Fue	
Special Cerviny Fin	
Restricted Delivery Fee	
Return Revelot Showing to Whom & Date Delivered	
Return Receipt Snowing to Witism. Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date  JAN 3 0 19	997

P 087 492 318

Receipt for
Certified Mail
No Insurance Coverage Provided

Porrferia Morales 322 East White Hobbs, NM 88240

Ellys targe	\$
perdika Egy	
Special Delivery Fra	
separca regi Del Juri, Reg	
Fetom here of Shawing to Whom & Date Delivered	
Peture Receipt Snowing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark of Date  JAN 3 0 1	997

is your	RETU	RN AD	DRES	<u>S</u> cc	m	olete	d e	on t	he r	eve	rse side?
6. Signature: (Addressee or Agent)  X 170 3. Courty  PS Form 3811, December 1994	5. Received By: (Print Name)		Hobbs, NM 88240	322 East White	Portieria iviorales	Downfoul: Moundon	3. Article Addressed to:	delivered.	Write "Return Receipt Requested" on the malipiece below the article number. The Return Receipt will show to whom the article with delivered and the data	Attach this form to the front of the mulipiece, or on the backiff space does not permit.	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.
Domestic Return Receipt	8. Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery	☐ Express Mail ☐ Insured ☐ Insured ☐ Return Receipt for Merchandise ☐ COD ☐ ST	25	ļ	P087 492 3/8	4a. Article Number	Consult postmaster for fee.	2.  Restricted Delivery	1. Addressee's Address	I also wish to receive the following services (for an extra fee):

is your <u>RETURN ADDRESS</u> completed on the reverse side? PS Form **3811**, December 1994 5. Received By: (Print Name) 3516 Kiest Crest Drive Dallas, TX 75233 Church of Four Sq. Gospe Signature: (Addressee or Agent) 2ND NOTICE 1ST NOTICE P 087 492 8. Addressee's Address (Only If requested ☐ Express Mall
☐ Return Receipt for Merchandise ☐ COD ☐ Registered 7. Date of Delivery 4b. Service Type and fee is paid) Church of Hour Sq. Gospel 280 3516 Kies/Crest Drive Domestic Return Receipt Dallas, T**X** Certified
Insured CAMPBELL, CARR, BERGE & SHERIDAN, P.A. Thank you for using Return Receipt Service. 087 SANTA FE, NEW MEXICO 87504-2208 POST OFFICE BOX 2208 LAWYERS Dallas, TX 75233

492 319

Article Addressed to:

4a. Article Number

Consult postmaster for fee.

2. C Restricted Delivery Addressee's Address

itum Receipt Requested" on the mailpiece below the article number. Im Receipt will show to whom the article was delivered and the date form to the front of the mailpiece, or on the back if space does not name and address on the reverse of this form so that we can return this

extra fee):

l also wish to receive the following services (for an

# Receipt for Certified Mail Insurance Coverage Provided

Church of Four Sq. Gospel 3516 Kiest Crest Drive

	Cummus Review Review Rev	\$
PS Form <b>3800</b> , June 1991	Restrict to Leven Fee  Return Recept Showing  Mitch & Date Delivered  Petur Recept Showing to Whom Date and Addresses Address	
, ,	rCTAL Postage & Feet Postmark or Date	\$
2	JAN 3 0 1	997



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

JAN 3 0 19	997
TCTA. Postage & Fee. Postniane or Date	\$
Return Receipt Shriwing in Whilm Date, and Addressee ₃ Addres .	
Return Pace of Unit wind to Where & Date Delivership	
Restricted Deliver, Fee	
Special Servery Fra	
Certified Fei	
Posta g-	\$

15	s your <u>R</u>	ETUF	IN AD	<u> HE</u>	<u>SS</u> co	mp	eleted	on t	he r	eve	rse side?
PS Form <b>3811,</b> December 1994	6. Signature: (Addressee or Agent)  X. CL V C. LUCILL	CE COUNTY OF	90E	Noturinge, CA 9130000	Northwide CA 0122 ISA NOW				<ul> <li>The Return Receipt Requested" on the matiplece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date</li> </ul>	■Attach this form to the front of the mailpiece, or on the back if space does not	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.
		8. Addressee's Ad and fee is paid)	7. Date of Delivery	☐ Return Re	☐ Registered ☐ Express Mail	4b. Service Type	POST	A Add A	number.	does not	can return this
Domestic		<ol><li>Addressee's Address (Only if requested and fee is paid)</li></ol>	elivery	Return Receipt for Merchandise	Mai Mai Mai Mai Mai Mai Mai Mai Mai Mai	Туре		Consult postmaster for fee	2.  Restricted Delivery	1. 🗆 🔉	I also wish to receive the following services (for an extra fee):
Retur		(Only if n		nandise [	-۷-		92	stmaster	stricted	ldressee'	to receivervices (
Domestic Return Receipt		equested		COD	Certified		Ma 320	for fee.	Delivery	<ol> <li>☐ Addressee's Address</li> </ol>	/e the for an

Thank you for using Return Receipt Ser-

	Receipt f		
	Certified	Mail	
714	No Insurance	Coverage	Provided

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

Egity :	\$	
1. *** * 3 Eq.		
fixe a Deliver, the		
Part to office Type Large Files		
Reform Heles than two control of the Spring & Dath Delivings		_
Heturi Helia pt Srinwin Lito Wiles Jatel Jand Addresses is Address	~	
TOTAL Postage & Feet	\$	
Postmark or Date		
JAN 30	1997	

PS Form <b>3811</b> , December 1994	6. Signature: (Addhessee ar Agent)	5. Received By: (Print Name)		Pasadena, CA 91103	1860 Braemar Road	Mr. Lloyd B. Hill	3. Article Addressed to:	delivered.	write "Return Receipt Requested" on the mailpiece below the article number.  The Design Deceipt will how to whom the article was delivered and the data.	= Attach this form to the front of the mailpiece, or on the back if space does not	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
Domestic Return Receipt		8. Addressee's Address (Only if requested shand fee is paid)	7. Date of Delivery	☐ Return Receipt for Merchandise ☐ COD ☐	DKI	4b. Service Type	4a. Article Number P 087 493 321	Consult postmaster for fee.	e number. 2.   Restricted Delivery	1. Addressee's Address	I also wish to receive the following services (for an extra fee):



Chad Michael Madrick 19782 Canyon Drive Yorba Linda, CA 92686

	Port of	\$
	42.5	
1	uper a li el seto tre el	
-	Hartotas Decidos Fee	
1 (	Bergholter of School of Section 1981. When the Al Date of the Section 1981.	
	Parign is an option outing to Aircon. Date, on tiA tide steels Aircress	
	PCTA - Rostage Notice	\$
	Postmark or Date	
	JAN 3 0 19	97

15	s your <u>F</u>	ETUR	N ADI	RE	<u> 55</u>	CO	mp	lete	d c	n th	e re	ere:	se side?	•
PS Form <b>3811</b> , December 1994	essee	5. Received By: (Print Name)	19862 LOMBARDY 7. Date of Delivery	1 Olda Ellida, CA 72000	Vorhalinda CA 02686	19782 Carron Drive	Chad Michael Madrick		3. Article Addressed to:	THE MENUTI RECEIPT WILL BLOW TO WINDLE THE STUCKE WAS CONTROL OF AN INC. AND CONTROL OF AN INC. AND CONTROL OF AN INC.	white "Return Receipt Requested" on the mailpiece below the article number.	Extract this form to the front of the mailpiece, or on the back if space does not	SENUER:  Complete itisms 1 and/or 2 for additional services.  Complete itisms 3, 4s, and 4b.  Print your name and address on the reverse of this form so that we can return this	
Doi		8. Addressee's Ad and fee is paid)	7. Date of Deliver	☐ Return Receipt for	☐ Express Mail	☐ Registered	4b. Service Type	P08	4a. Article Number		-			
Domestic Return Receipt		<ol><li>Addressee's Address (Only if requested and fee is paid)</li></ol>	y	Return Receipt for Merchandise COD	☐ Insured	Da Certified		7 492 322	er .	Consult postmaster for fee.	<ol><li>Restricted Delivery</li></ol>	<ol> <li>Addressee's Address</li> </ol>	I also wish to receive the following services (for an extra fee):	

	Receipt for
	Certified Mail
7.0	No Insurance Coverage Provided

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

Postary	\$	
Certified to		
Special Declary Res		٦
Restricted Security Fe		7
Return Rucelpt Showing to Whom & Date Delivered		7
Return Receipt Showing to Whom. Date, and Addressee J Address		
TOTAL Postage & Fees	\$	٦
Postmark or Date		٦
JAN 3 u	1591	

၅	[ب	_	) <del></del>	Ш	<b>T</b>	ω	۵.3.5 ا		. Ω	P.O.M	1
6. Signaturg: (Addressee or Agent)	5. Received By: (Print Name)	Carisbad, Nivi 88220	1106 N. Country Club	Bill G. Taylor	Harvey R. Taylor and		The Return Receipt will show to whom the article was delivered and the date delivered.	permit. • Write "Deturn Receipt Requested" on the mailpiece below the article number.	card to you. ■Attach this form to the front of the mailpiece, or on the back if space does not	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that we can return this	
Domestic Re	8. Addressee's Address (Only if requested and fee is paid199)	7. Date of Delivery FEB	☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD	☐ Registered	4b. Service Type	4a. Article Number 49:	Consult postmaster for fee	number. 2.   Restricted Delivery		t also wish to receive the following services (for an extra fee):	
Domestic Return Receipt	Thank	1	Se   Insured	A Certified		492 323 Re			1. ☐ Addressee's Address		

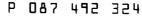
# CAMPBELL, CARR, BERGE & SHERIDAN, P.A.

LAWYERS

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

WWK 824 2/4/87

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





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

Poktiga.	\$
Combanisty.	<del> </del>
Subject of Automotives	
Restricted Delivery Fee	
Return Haise of Showing to Vibrio & Date Delivered	
Return Roce of Showing to Which Date, and Addressee's Address	
TOTAL Postage & Rees	\$
Postmark or Date	
53 <b>4.3</b>	, 18 ¢ 

	<u></u>										-	
PS Form 3811 - Pacember 1994	5. Received By: (Addressee or Agent) 6. Signature: (Addressee or Agent)		El Dorado Hills, CA 95630	1652 Hedland Place	Charles & Hilda St. Martin	3. Article Addressed to:	delivered.	Write *Return Receipt Requested" on the mailplece below the article number.	Attach this form to the front of the mailpiece, or on the back if space does not	<ul> <li>Print your name and address on the reverse of this form so that we can return this</li> </ul>	Complete items 1 and/or 2 for additional services.	
Domestic Return Receipt	8. Addressee's Address (Uniy ir requested and fee is paid)	T. Date of Delivery	□ Express Mail □ Insured : □ Berdim Receipt for Merchandise □ COD	☐ Registered	4b. Service Type	4a. Article Number P 087 492324	Consult postmaster for fee.	number. 2.   Restricted Delivery	does not 1. ☐ Addressee's Address	can return this extra fee):	I also wish to receive the	

나 되고 087

ZND NOTICE. 1ST NOTICE. THE STATE AE 1187 Charles Aniser 800 FM 141 CAMPBELL, CARR, BERGE & SHERIDAN, P.A. NEW MEXICO 87504-2208 POST OFFICE BOX 2208 LAWYERS

087 492 325



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

	Pissia k	\$
	Jertinen Ede	7
	Scena Delven, Fax	
	Restricted Denvery File	
166	Petatr Penerpt Snowing to Whom & Date De vered	
ıne 1	Return Pedelpt Showing to Whom Date, and Addresses Address	
ਹ <b>ਂ</b> ਹ	TOTAL Postage & Fees	\$
380	Postmark or Date	
Form <b>3800</b> , June 1991	JAN 3 0 19	<del>3</del> 97

	,	88		. 0312										
		Form 38		JA	N :	3 (	) 19	99	7					
ŀ	s your !	RETU	RN AD	DRES	<u>S</u> cc	HIK	olete	od (	on t	he r	.eve	rse	sld	e'
PS Form <b>3811</b> , December 1994	6. Signature: (Addressee or Agent)  X Jehn (Journal)	5. Received By: (Print Name)		Sherman, TX 75090	800 FM 1417 Apt. 1225	Charles Alliser	Charles Anica	3. Article Addressed to:	delivered.	■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	Attach this form to the front of the mailpiece, or on the back if space does not permit.	_ ■ Print your name and address on the reverse of this form so that we can return this card to you.	Complete items 1 and/or 2 for additional services. Ecomplete items 3, 4a, and 4b.	
Domestic Return Receipt	, - *	8. Addressee'd Address (Ohly if requested and fee is paid)	7. Date of Delivery FE NU	☐ Return Receipt for Merchandise ☐ COD	Z (	4b. Service Type	P 087 492 325	4a. Article Number	Consult postmaster for fee.	number. 2.   Restricted Delivery	1. Addressee's Address	_	following services (for an	

Thank you for using Re

	Receipt f	or	
	Certified	Mail	
-,,	No insurance	Coverage	Provided

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

Postag.	\$
Certifie ( Fue.	
Special Scilver, 75	
Restricted Delivers Fire	
Return Receipt Showing to Whom & Date Deliveren	
Return Receipt Showing to Wirking Date, and Addressee's Address	
TOTA: Fostage & Fees	\$
Postmark or Date	
JÂN 3 g d	019 22 27

ıs your i	<u> TE I UMN</u>	ALA	ALE:	25 CC	т		o c	נ חכ	ne r	eve	rse side?	
6. Signature: (Addressee or Agent)  X	5. Received By: (Print Name)		LOVINGION, NIM 88200	East Star Route Box 30		TG Richardson	3. Article Addressed to:	delivered.	<ul> <li>Write 'Return Receipt Requested' on the maliplece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date</li> </ul>	<ul> <li>Attach this form to the front of the malipiece, or on the back if space does not negrit</li> </ul>	SENDEH:  "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 carri to you.	>12 X 12 X
Domestic Return Receipt	8. Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery	Return Receipt for Merchandise COD		4b. Service Type	P087 492 326	4a. Article Number	Consult postmaster for fee.	e number. 2.   Restricted Delivery	1. Addressee's Address	I also wish to receive the following services (for an extra fee):	

4	Receipt f Certified		
7 14	No Insurance	Coverage	Provided

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

fire,	Talue .	\$
1,00	tation ( Fig.	
27.2	Capital Jeff, 1999	
-n.	trotest Cemilier, Eker	
	um Bedelpt Snowng Anon & Date Dervered	
	om Pelept Snywing tri Anom, e, und Addressee s Agdreis	
T1;1	1An Postage des	\$
PGs	stmark or Date	
	JAN 3 0 19	997

	you i	LIU			2 00		-		71 U	10 11	, 101	<b>30 3</b> 1		
PS Form <b>3811</b> , December 1994	6. Signature: (Addressee or Agent) XM ひととるしつバン	5. Received By: (Print Name)		Redlands, CA 92373	230 S. Eureka Street	NEVIILIN. IVIACUUUIII	Notice of Manual Control	3. Article Addressed to:	delivered.	Demit.  White "Return Receipt Requested" on the mailplece below the article number.	BAttach this form to the front of the malipiece, or on the back if space does not	<ul> <li>Complete items 3, 4s, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this</li> </ul>	SENDER:  Complete items 1 and/or 2 for additional services.	
Domestic Return Receipt		8. Addressee's Address (Only if requested had and fee is paid)	7. Date of Delivery	☐ Return Receipt for Merchandise ☐ COD   COD	Registered X Certified R	4b. Service Type	P087 492 327	4a. Article Number	Consult postmaster for fee.	e number. 2.   Restricted Delivery	a does not 1. □ Addressee's Address 🔁	ocan return this extra fee):	I also wish to receive the	

Receipt for Certified Mail
No Insurance Coverage Provided

Mary Olive Hepler Post Office Box 61 Merlin, OR 97532

Francis S	\$
Section of the	
territorio en cercario.	
Haltertat Geraera Fee	
Return Rene pt Growing by Winning Date Delivered	
Petur Henelpt Scholang to Whom Jan. and Andre-see s Address	
1001 A - Plistage 8 Feet	\$
Return Receipt Showing so Whom A Date De Leted Petun Herebyt Showing to Whom Date, and Addresse & Address Footh Pistage & Foeth ark or Date	1997

ls yo	ur <u>R</u>	ETUF	N AD	DR	SS	CO	wŧ	lete	id (	on ti	he r	eve	rse s	ide?
PS Form 3817, December 1994	6. Signature: (Addigessee or Agent)	5. Received By: (Print Name)			Merlin, OR 97532	FOSI Office Box 61		Mary Olive Hepler	3. Article Addressed to:	delivered.	White "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date	<ul> <li>Attack this form to the front of the mailpiece, or on the back if space does not negrate</li> </ul>	Ecomplete items 3, 4e, and 4b. Print your name and address on the reverse of this form so that we can return this part in your	SENDER:  Complete trains 1 and/or 2 for additional services.
Domestic Return Receipt		Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery	Return Receipt for Merchandise COD	☐ Express Mail ☐ Insured .	☐ Registered	4b. Service Type	P087 493 338	4a. Article Number	Consult postmaster for fee.	e number. 2. A Restricted Delivery	e does not 1. 🗀 Addressee's Address 🕃	can return this extra fee):	I also wish to receive the

	Receipt f Certified	
- TH	No Insurance	Coverage Provided

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

Pristage	\$
Certified or	
Special Carluer, Fire	
Restricted Divivary fee	
Return Receipt Snowing to Whom & Date Servered	
Return Receipt Showing to Writin Date, and Addressee's Address	
*OTAL Postage & Fees	\$
Postmark or Date	
JAN 3 0	1997

•	s your ,	<u>nej vr</u>	IN AD	711	4-1-	60	ш,		0	ЯΙ	ne r	eve	rse s	
PS Form <b>3811</b> , December 1994	6. Signature: (Addressee or Agent)  X	5. Received By: (Print Name)			Las Vegas, NV 89130	5400 Apache Flume Ct. Los Prados	SANN Amaka Diama Cura	Edwin Till	3. Article Addressed to:	delivered.	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	• Attach this form to the front of the mailpiece, or on the back if space does not permit.	<ul> <li>Complete items 3, 4s, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> </ul>	SENDER:  Complete items 1 and/or 2 for additional services.
Domestic Return Receipt		8. Addressee's Address (Only if requested and fee is paid)	7. Date of Delivery	☐ Return Receipt for Merchandise ☐ COD ☐	☐ Express Mail ☐ Insured	☐ Registered ☐ Certified ♣	4b. Service Type	P087 49a 3a9	4a. Article Number	Consult postmaster for fee.	e number. 2.   Restricted Delivery	1.  Addressee's Address	extra fee):	I also wish to receive the

Receipt for Certified Mail
No Insurance Coverage Provided
Clara J. McCurdy
29420 Via La Plaza
Murrieta, CA 92563

\$10,000 L	
	\$
Cortifaction	†
Aben Goral Geralda	-
mentioned Solvery En-	
hatum Relie of Geowing In Whot I & Date Declares	
Return Penerat Showing to Whom. Date, and Addressee's Address	
ro⊤At Postäge & Fres	\$
Postmark or Date	
JAN 3 0 19	97
	mentry ted Driver, Ferminative Relieut Solver, Ferminative Relieut Solverg to Whom 5 Date Delivere ; deture Project Solverg to Whom, Date, and Addresses & Address Forsille Relieut Relieut Solverge & Fres Postmark or Date

19	your 1	AE I VI		4114	5 CC	TINE.		10	on t	ne r	eve	rse side?
PS Form <b>3811</b> , December 1994	6. Signature: (Addressee of Agent)	5. Received By: (Print Name)		Murrieta, CA 92563	29420 Via La Plaza	Clara J. McCuruy	Clara I MaCrinda	3. Article Addressed to:	delivered.	Write "Return Receipt Requested" on the malipiece below the article number. The Return Receipt will show to whom the article was delivered and the date	Attach this form to the front of the maliplece, or on the back if space does not permit.	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.
Domestic Return Receipt	1	8. Addressée's Address (Only if requested and fee is paid)	7. Date of Delivery	☐ Return Receipt for Merchandise ☐ COD	☐ Registered 🛣 Centified 🕏	4b. Service Type	P 087 492 330	4a. Article Number	Consult postmaster for fee.	e number. 2.   Restricted Delivery	1. Addressee's Address	I also wish to receive the following services (for an extra fee):

Receipt for Certified Mail
 No Insurance Coverage Provided

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

T	. 142	\$
	pet to pro-	
	Roman Drager, Con-	
Ī	Bestrops tilve verv felt	
	Return Burne of on LWIng to Whith & Date Delivered	
	Perum Recept Stowing to Whom Dank, and Addressee's Address	
	TOTA Postage 3 Fees	\$
Γ	Postmark or Date	
	JAN 30 1	1997

	0	Ċī	<u> </u>	KIII	ű		- C	d	ω	ب راد د		eve	
PS Form 3811 December 1994	Signature:	5. Received By: (Print Name)			Carlsbad, NM 88220	1805 Sandy Lane	retei & r. v. ranagopoutos	+	<ol><li>Article Addressed to:</li></ol>	delivered	Writs Return Receipt Requested" on the malipiece below the article number. The Return Receipt will show to whom the article was delivered and the date	Attach this form to the front of the malipiece, or on the back if space does not narmit	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4s, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.
38	mre:	ved E			ad.	San	3	φ, Π	e Ad	ġ.		his for	
<u>م</u> اد	MA A	3y: <i>(F</i>			Z	dy	· <	7	ress	3		3 to #	หร 1 ar หร 3, 4
		rint I			<u>~</u>	Lan	1 2	D <sub>2</sub>	ed to:		¥ Regi	e fron	d/or 2 a, and addre
5	(Addigedes or Agent)	Vame			882	O	lag				bested ov to	of the	for ad 4b.
200	Agen	•			20		odo	3				mailc	ditions the rev
	M =						SOID	2				Xieca,	al servi
1	1 1						•	•			Diece t	or or	ces.
											s deliv	ne bec	form se
	11										he art	k if spa	o that v
	4-31	80	7. 6				<b>4</b> b.	Γ	48.			90	Ve can
1		Address <b>é</b> e's Ad and fee is paid)	7. Date of Detale	Reun	Express Mail	Registered	4b. Service Type	+	4a. Article Number		nber.	20	return
_		9988 18 8		Hec	988 M	sterec	ice T	08	S S				\$
		s Ado	100	重	<u>a</u>	_	ype	2	mber	Cong	ю	<u>.</u>	follor extra
esti		ress	3/	Merc				7		ŭ P	 	<u>□</u>	l also wish following s extra fee):
H		(Onl)	2	Return Receipt for Merchandise				00	`	sme	estric	ddres	n to re
Ŝ		v if re				D)		49a 331		Consult postmaster for fee	2.  Restricted Delivery	1. 🔲 Addressee's Address	also wish to receive the following services (for an extra fee):
		5		800	2	ဂ္ဂ		3		ਕ੍ਰ	elive	Ā	or ar
핎		es	ŀ	ΙQ	9	=	- 1		1	~	w		1
Domestic Return Receipt		8. Addressée's Address (Only if requested and fee is paid)		8	Insured	<b></b> Certified		/	.	ě	Ž	tress	

P D87 492 332

	Receipt f Certified	
7.0	No Insurance	Coverage Provided

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

	Posta se	\$
	Certifical Fee	
	Special verver, fill	
	Restricted Deliver, Tel-	
- 66	Reform Receipt of twing to Winner & Darry Server 5	
l eur	Return Rene of Browning to White, Date, and Addressee a Address.	
ਤ । ਤ	TCTAL Postage & Fee .	\$
PS Form 3800, June 1991	Postmark of Date	1997

X December 1994	5. Received By: (Print Name)		4400003 19191 00ETO	Hobbs NM 88240	401 S Turner	Sim H. Levv	3. Article Addressed to:	delivered.	Write *Return Receipt Requested* on the matipiece below the article number. The Return Receipt will show to whom the article was delivered and the date	Attach this form to the front of the mailpiece, or on the back if space does not permit.	SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4s, and 4b.  "Print your name and address on the reverse of this form so that we can return this card to you.
Domestic Return Receipt	Addressee's Address (Only if requested and fee is paid)  The part of the	7. Date of Delivery 211	₩ 	☐ Express Mail ☐ Insured .	<b>96</b>	P087 443 332	Ì	Consult postmaster for fee.	the date 2.   Restricted Delivery of the date	1. Addressee's Address	lalso wish to receive the following services (for an extra fee):