

ILLEGIBLE

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 1A
CASE NO 11845

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ED 2

NM-025530

○ HONDO B-2

37.28 AC

FED B-1

J-8

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NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT **1C**

CASE NO. **11847**



KITE-HDC	

devon

RED LAKE FIELD

EDDY COUNTY, NEW MEXICO

LEASE MAP

HONDO FEDERAL,
HONDO "B" FEDERAL & KITE FEDERAL
EXHIBIT II

Scale in Feet
500 0 500 1000 1500 2000

E BUTTRESS

8/98

10:27:01

PROPERTY DECK NO/YR 42382-002 AA 10/96
OWNER SQ BURDEN NAME
42382-002 AA 10/96 NAME 'BJ' FEDERAL #2

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME
BURDEN NAME
MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
DEVON ENERGY CORP. (NEVADA)
2000 BROADWAY, STE 1500
DALLAS, TX 75202-8260
73-0799204
TOTAL: INFT. INT: 1.00000000 RECV. INT: 1.00000000

ANNELE_D 7/21/97
LAST DATE CHANGED
LEASE INTEREST
10/16/96 .12500000
10/16/96 .02083330
10/16/96 .02083330
10/16/96 .01041670
10/16/96 .01041670
10/16/96 .81250000
LSE, INT: 1.00000000

NM 89156

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT

2A

CASE NO.

11845

42305-004 AA

PROPERTY DECK MO/YR

OWNER 50 BURDEN

42305-004 AA 08/96 HALL '8K' FEDERAL #4

28071

JOHN SUSAN GRASSO
1100 ELM BLVD
LAGUNA HILLS CA 92677
282-23-3726

28752

JOHN M MURBERT
230 SWAN
ST LOUIS MO 63119
308-52-2734

28753

JAMES MURBERT
3208 DUBLIN LN
LOUISVILLE KY 40206
308-54-3253

28754

KATHRYN BEACH
2500 BENTLEY ROAD
LA FAYETTE IN 47905
308-54-3243

28755

SUSAN LABUNSKI
811 U STONEHEDGE DRIVE
AUBURN IL 60101-3172
308-54-3253

28756

CHARLOTTE COLEMAN
1304 GREAT OAK DR
PILLSBURG PA 15220
308-54-3255

28757

ROBERT MURBERT
10218 W 163RD STREET
MUSKOGEE OK 74072-
308-54-3255

36292

CHARLES M PIER
2804 SAMOUEL ST
FORT WORTH TX 76107-
468-12-1027

36573

CHARLES R COLLINS
1404 FARRINGTON DRIVE
KNOXVILLE TN 37923-
458-06-2687

36713

CLAIRE COLLINS
1227 ROGERS AVE.
FORT WORTH TX 76109-
468-70-4098

36781

CHARLOTTE DAUGHERDA
10875 HUNTINGTON WOOD DRIVE
MIDSTON TX 76066-
468-70-4099

37189

WILLIAM M COLLINS
6532 NINE MILE AZLE ROAD
FORT WORTH TX 76135-
453-72-4384

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

DESCRIPTION

MASTER DECK ONLY

SD

.00574219 3-ORR

PA

.00012500 3-ORR

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ANNELE_D 7/21/97

LAST DATE

CHANGED

9/30/96

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LC 070678-A
NM 29273

10:30:47

DEC 001

REVENUE DIVISION ORDER PRINT REQUEST

ANMETER_D 7/21/97

PROPERTY DECK NO/YR	OWNER SO BURDEN	PROPERTY NAME	DESCRIPTION	MASTER DECK ONLY	INFLATED INTEREST	PAY TYPE	STAT	EX CL	MP CRT	PY CD	RT CD	LAST DATE CHANGED	LEASE INTEREST
42385-004 AA	08/96	HANK 'BK' FEDERAL BK	CHARLOTTE ANN PIER 1100 N. MILWAUKEE DR., TX 76109-166-48-3961	MASTER DECK ONLY	.00100000	3-ORR	PA					9/30/96	.001000000
43532		JOHN A HUDSON	JOHN A HUDSON PO BOX 33942 DALLAS TX 75238-5770		.00574218	3-ORR	SD					9/30/96	.00574218
45163		JANE ANN HUDSON DAVIS	JANE ANN HUDSON DAVIS PO BOX 88345 DALLAS TX 75238-2660		.03445313	3-ORR	SD					9/30/96	.03445313
46806		ESTATE OF ADRIENNE GANS SIMON	ESTATE OF ADRIENNE GANS SIMON EXECUTOR 500 W. BROADWAY, STE 1600 FORT WORTH TX 76102-455-22-3034		.01125000	3-ORR	PA					9/30/96	.01125000
50649		HIGGINS TRUST INC	HIGGINS TRUST INC 170 MILL LANE P EDWARDS FORT WORTH TX 76102-881-1531		.01406250	3-ORR	PA					9/30/96	.01406250
53612		MINERALS MANAGEMENT SERVICE	MINERALS MANAGEMENT SERVICE ROYAL SAID, I.A. DENVER CO 80217-84-0623666		.12500000	2-ROY	GA					9/30/96	.12500000
999001		DEVON ENERGY CORP (NEVADA)	DEVON ENERGY CORP (NEVADA) 20 N. BROADWAY, STE 1500 OKLAHOMA CITY OK 73102-8260		.75000000	1-WI	CO					9/30/96	.75000000
999001		DEVON ENERGY CORP (NEVADA)	DEVON ENERGY CORP (NEVADA) 20 N. BROADWAY, STE 1500 OKLAHOMA CITY OK 73102-8260		.05000000	3-ORR	CO					9/30/96	.05000000
TOTAL: INFL. INT: 1.00000000 REC. INT: 1.00000000 LSE. INT: 1.00000000													

LC 070678-A
NM 29273

WELB78
11:00:05

DEC 001 DEVON ENERGY CORP (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

ANMELER_D 7/21/97

PROPERTY DECK MD/YR 40145

OWNER SQ BURDEN NAME

42386-006 DA 10/96 NAME 'DE' FEDERAL #6

MASTER DECK ONLY

ALLIANCE E GRAVES

2011 EYEDOWN PLAZA

PORT WORTH

TX 76116

JOAN A HUDSON

1053 SAN VISTA CIR

HAULES

525-68-5770

JANE ANN HUDSON DAVIS

BOX 2660

81100 SO

883-18-8796

NM 88345-2660

MINERAL S MANAGEMENT SERVICE

PO BOX 10

DENVER

CO 80217

88-0826646

DEVON ENERGY CORP (NEVADA)

20 N. BROADWAY, STE 1500

OKLAHOMA CITY OK 73102-8260

73-0776204

TOTAL: INFT. INT: 1.00000000

REC'D. INT: 1.00000000

LSE. INT: 1.00000000

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT

2B

CASE NO.

11846

NM 031186

018

DEE 001 DEVON ENERGY CORP. (NEVADA)
 REVENUE DIVISION ORDER PRINT REQUEST
 10:41:48
 PROPERTY DECK MO/YR 12/96 HAWK '9A' FEDERAL 1
 OWNER SQ BUNDEN NAME
 42615-001 AA 53612
 MINERALS MANAGEMENT SERVICE
 20 W BROADWAY, STE 1200
 OKLAHOMA CITY OK 73102-8260
 941-8000
 73-0779404
 TOTAL: INFT. INT: 1.000000000 REC.V. INT: 1.000000000 LSE. INT: 1.000000000
 57461
 999001
 999001

ANNELEER_D 7/21/97
 LAST DATE CHANGED
 PAY STAT EX UP PY RT CD
 INFLATED INTEREST TYPE
 MASTER DECK ONLY
 CO 80217
 GA 30384-0725
 OKLAHOMA CITY OK 73102-8260
 OKLAHOMA CITY OK 73102-8260
 OKLAHOMA CITY OK 73102-8260

MM 025604

WEL70
13:58:05

PROPERTY DECI NO/YR

OWNER SQ BURDEN NAME

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

INFLATED INTEREST TYPE STAT CL EXT CD

PAY EX NY PY RT

LAST DATE
CHANGED

AMTBLER_D

9/02/97

LEASE
INTEREST

42478-017 AA 05/97 HANK '90' FEDERAL 17 MASTER DECK ONLY

57461

ALTEMA ENERGY LTD
(SUCCESSION TO AMOCO)

P.O. BOX 140725
ATLANTA GA 30384-0725
78-0528603

42437500 1-WI PA

7/08/97

42437500

57502

RICHARD K DAVIDSON
P.O. BOX 387
LA JARA CO 81140-0387
525-84-4330

00164062 3-ORR PA

8/12/97

60164062

999001

DEVON ENERGY CORP (NEVADA)
20 W. BROADWAY, STE 1500
OKLAHOMA CITY OK 73102-8260
73-0779404

42437500 1-WI CO

6/23/97

42437500

TOTAL: INFT. INT: 1.00000000 RSCV. INT: 1.00000000 LSE. INT: 1.00000000

LC065478-B

11:16:32

PROPERTY DECK MO/YR 10/96

DEC 001 DEVON ENERGY CORP (NEWADA)

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

PROPERTY DECK MO/YR 10/96

REVENUE DIVISION ORDER PRINT REQUEST

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

43961-020 AG 10/96 HOWDO B FEDERAL #2

928

MASTER DECK ONLY

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

ANN D ALLISON
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

EDITH C WHEELER
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

DAVID M THORNE
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

ESTATE OF HELEN HENSON
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

JOHN E THORNE
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

DAVIS A COPPEDGE
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

JANE ELLEN MOORE
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

JAMES I COPPEDGE
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

MICHAEL H MOORE
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

DAVID H ABBINGTON
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

CONRAD S & ADA J KEYES,
LIVING TRUST
P.O. BOX 64035
LUBBOCK TX 79466

TX 79466

ANWELER_D 7/21/97

LEASE INTEREST

7/21/97

NEW MEXICO
OIL CONSERVATION DIVISION

CASE NO. 11847 EXHIBIT 2C

4/18/78

0015

DEF 001 DEVOX ENERGY CORP. (NEVADA)

ANMETER_D 7/21/93

PROPERTY DECK NO/YR	OWNER SQ	PROPERTY NAME	DESCRIPTION	INTEREST	TYPE	PAY	EX	RT	CD	LAST DATE	INTEREST
43961-020 AG	10/96	WOMBO B FEDERAL #2	MASTER DECK ONLY								
41153		VERA POLK LEE ESTATE REMAINING		.00937500	3-ORR	PA				11/18/96	.00937500
		1776 LARCH AVE									
		1776 LARCH AVE									
		1776 LARCH AVE									
		1776 LARCH AVE									
		1776 LARCH AVE									
41313		LARUE M WHITE		.00187500	3-ORR	PA				11/18/96	.00187500
		1776 LARCH AVE									
		1776 LARCH AVE									
		1776 LARCH AVE									
		1776 LARCH AVE									
42271		JANE THORNE ROMCA		.00104200	3-ORR	PA				11/18/96	.00104200
		1785 LA CHARLES AVE NE									
		611 BURNING									
		512-58-9803									
42385		HENRY F THORNE		.00104200	3-ORR	PA				11/18/96	.00104200
		P O BOX 4028									
		512-40-9014									
43425		ELIZABETH T GREENE		.00312500	3-ORR	PA				11/18/96	.00312500
		500 E 22ND #12									
		500 E 22ND #12									
		500 E 22ND #12									
43448		JANICE GELTYS		.00187500	3-ORR	PA				11/18/96	.00187500
		603 S STRATTON ST									
		525-38-4371									
43472		MARJORIE MEYER		.00058600	3-ORR	PA				11/18/96	.00058600
		680 S ALTON DR, APT 5-B									
		DENVER									
		525-42-6888									
43494		ROBERT GRANT KEYES		.00058600	3-ORR	PA				11/18/96	.00058600
		C/O MORRIST BANK NEW MEXICO OF									
		ROSWELL ACCOUNT #2213451									
		P O BOX 1977									
		ROSWELL NM 88201-									
		525-34-9318									
43522		MATTIE RUIN GRIFFIN		.00187500	3-ORR	PA				11/18/96	.00187500
		410 S ROSELAWN AVE									
		816 S 1296									
		525-68-1296									
43523		RICHARD B LODEWICK		.00156234	3-ORR	PA				11/18/96	.00156234
		9518 LOCKHEED DRIVE									
		ATLANTA									
		525-68-2322									
43570		LAURA PATRICIA LODEWICK		.00156233	3-ORR	PA				11/18/96	.00156233
		511 MEWELL									
		DALLAS									
		525-82-4934									

NM 039825
NM 29278
NM 025530

4/18/78
11:16:32

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

ANNELEER_D
7/21/97

PROPERTY DECK NO/YR	OWNER	PROPERTY NAME	DESCRIPTION	INTEREST	PAY	EX	HP	CR	CD	LAST DATE CHANGED	LEASE INTEREST
43961-020 AG	10/96	MONDO B FEDERAL #2	MASTER DECK ONLY								
43571		JOHN HIRNEY LODEWICK 3305 VENTWOOD DALLAS TX 75225- 525-86-4935		.00156233 3-ORR	PA					11/18/96	.00156233
43587		BARBARA K DAVIDSON P O BOX 387 LA JOLLA CA 92033-0387		.00146450 3-ORR	SU					4/07/97	.00146450
43642		MARY J. MCWORTER 602 CANYON ROAD LOMA LINDA CA 92350-2433		.00058600 3-ORR	PA					11/18/96	.00058600
44854		LELA BESS BARNETTE 500 HENDRICKSON RD SOUTH MA 01882-2685		.00187500 3-ORR	PA					11/18/96	.00187500
45134		LILLIAN D'AMICO MCNALLY 317 SHERILL LANE ROSWELL NM 88201-585-12-1208		.00937500 3-ORR	PA					11/18/96	.00937500
50299		YATES BRDS 267 SOUTH 4TH ST ARTESIA NM 88210-881514 85-0116859		.00937500 3-ORR	PA					11/18/96	.00937500
50659		RUSSELL ESTATE TRUST ATTN: TRUST DEPARTMENT FIRST NATIONAL BANK OF ARTESIA P O DRAWER AA ARTESIA NM 88210-85-6086406		.00937500 3-ORR	PA					11/18/96	.00937500
53117		MCWORTER FAMILY TRUST 89/2/24 BRENT & RUTH MCWORTER, VEEES 6140 E VOLTAIRE SCOTTSDALE AZ 85254-526-64-4301		.00058600 3-ORR	PA					11/18/96	.00058600
53612		MINERALS MANAGEMENT SERVICE ROYALTY PROGRAM BOX 3810, T.A. DENVER CO 80217-84-0848646		.12500000 2-ROY	GA					11/18/96	.12500000
56063		WILLIAM RICHARD BALLARD 16231 CALLE JAVELINA TUCSON AZ 85748-325-10-7129		.00234400 3-ORR	PA					12/09/96	.00234400
56064		BETTY L. PRICE MORGAN 8510 CARMUSCO DRIVE SAN ANTONIO TX 78239-525-44-5306		.00234400 3-ORR	PA					11/18/96	.00234400

MM 033825
MM 29278
MM 025530

MM 088825
MM 29278
MM 025530

YF1878
11:05:31

PROPERTY DECK NO/YR
OWNER SO BURDEN

42384-001 AA 10/96 KITE '4E' FEDERAL #1

928

ANN D ALLISON
P.O. BOX 64033
LUBBOCK TX 79464
38-5223493

6417

EDITH C WHEELER
P.O. BOX 64033
LUBBOCK TX 79464
480-20-5004

24757

DAVID M THORNE
511 MAPLE ST
GREVARD MO 65712
895-05-3170

24861

ESTATE OF HELEN WENSON
1712 CATLIN DRIVE CA 94533
LAURELFIELD
525-36-3548

28769

JOHN E THORNE
3700 S LINDBERGH BLVD
ST LOUIS MO 63127-3980
309-48-8009

36399

DAVIS A COPPEDGE
266 GOODWIN DR TX 75081-
RICHARDSON
469-50-9520

36772

JANE ELLEN MOORE
P.O. BOX 3389 TX 75090-
SPENCER IN 47460-
450-78-2808

37524

JAMES T COPPEDGE
1414 W MORGAN
SPENCER IN 47460-
453-70-7870

37960

MICHAEL H MOORE
P.O. BOX 3389 TX 75091-
SPENCER IN 47460-
455-72-0603

39452

DAVID M ARLINGTON
P.O. BOX 2871 TX 79702-
MIDLAND TX 79702-
461-21-2845

39787

CONRAD B & ADA J. KEYES,
LIVING TRUST
CONRAD B & ADA J. KEYES, TRUSTEES
P.O. BOX 156
BUDDO SO NM 88345-
525-16-8892

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME
MASTER DECK ONLY

INFLATED INTEREST TYPE PAY STAT EX MP PY RT CD LAST DATE CHANGED

.00058594 3-ORR SD 12/16/96 .00058594

.00058594 3-ORR PA 7/09/97 .00058594

.00312500 3-ORR PA 12/16/96 .00312500

.00187500 3-ORR SD 12/16/96 .00187500

.00104167 3-ORR PA 12/16/96 .00104167

.00029296 3-ORR PA 12/16/96 .00029296

.00058594 3-ORR SD 12/16/96 .00058594

.00029296 3-ORR PA 12/16/96 .00029296

.00058594 3-ORR PA 12/16/96 .00058594

.00058594 3-ORR PA 12/16/96 .00058594

.00058500 3-ORR PA 12/16/96 .00058500

ANNELER D 7/21/97

LEASE INTEREST

12/16/96 .00058594

7/09/97 .00058594

12/16/96 .00312500

12/16/96 .00187500

12/16/96 .00104167

12/16/96 .00029296

12/16/96 .00058594

12/16/96 .00029296

12/16/96 .00058594

12/16/96 .00058594

12/16/96 .00058500

LC 055465-A

7/21/93
ANNELER_D

MO/YR	OWNER	PROPERTY NAME	DESCRIPTION	INTEREST	TYPE	PAY	EX	VP	PY	BT	LAST DATE	INTEREST
10/96	KITE	'AE' FEDERAL #1	MASTER DECK ONLY			SD					CHANGED	
41153		VERA POLK LIFE ESTATE REMAIND CONJUGAL HOMES 16 FOR 21 KITE HOMES A MINOR 9145 SOUTH GARY AVE TULSA 74104- 478-05-8893	MASTER DECK ONLY	.00937500	3-ORR	SD					12/16/96	.00937500
41313		LARUE M WHITE LAWFAIR-BELWOOD 1776 LARCH AVENUE #303 STINEWALL 284-38-4701	ON 45224-	.00187500	3-ORR	PA					12/16/96	.00187500
42271		JAMIE THORNE RONCA 11805 LA CHARLES AVE NE ALBUQUERQUE 512-36-9803	NM 87111-	.00104166	3-ORR	PA					12/16/96	.00104166
42385		HENRY F THORNE P.O. 514-40-9014	CA 93744-4028	.00104167	3-ORR	PA					12/16/96	.00104167
43425		ELIZABETH Y GREENE 5602 22ND #12 DUNSMUIR 525-50-2106	NM 88201-	.00312500	3-ORR	PA					12/16/96	.00312500
43448		JANICE GETTYS 803 S STATION ST DELAWARE 525-38-4371	TX 76234-	.00187500	3-ORR	PA					12/16/96	.00187500
43472		MARJORIE MEYER 280 S ALTON CV, APT 5-B DENVER 525-44-6880	CO 80231-	.00058500	3-ORR	SD					12/16/96	.00058500
43494		ROBERT GRANT KEYES C/O NORWEST BANK NEW MEXICO OF ROSWELL ACCOUNT #2213451 P.O. BOX 1977 ROSWELL 525-54-9318	NM 88201-	.00058500	3-ORR	PA					12/16/96	.00058500
43522		MATTIE RUTH GRIFFIN 410 S ROSELAWN AVE DALLAS 525-60-1296	NM 88210-	.00187500	3-ORR	PA					12/16/96	.00187500
43523		RICHARD B LODGEWICK 3546 LOCKMEED DRIVE HIGHLAND 525-60-2322	TX 79701-3956	.00156250	3-ORR	PA					12/16/96	.00156250
43570		LAURA PATRICIA LODGEWICK 511 NEWELL DALLAS 525-64-4934	TX 75223-	.00156250	3-ORR	PA					12/16/96	.00156250

WELR78
11:06:31

005

DEC 001 DEVON ENERGY CORP. (NEVADA)
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY DECK MO/YR
OWNER SQ BURDEN

42384-001 AA 10/96 KITE '4E' FEDERAL #1 MASTER DECK ONLY

43571

JOHN WIDNEY LODEWICK
3307 WENTWOOD
TX 75225-
525-82-6935

43587

BARBARA K DAVIDSON
P O BOX 307
LA MAR CO 81140-0387
525-88-6647

43642

MARY J. MCWHORTER
708 CANYON ROAD
LOCAL UT 84321-4316
526-24-8433

44854

LELA BESS BARNETTE
THE CLIFTON AVENUE
500 HENDRICKSON RD, STOP 5016
SEQUIA WA 98382-
569-26-2685

45134

WILLIAM O'NEAL MURPHY
317 SHERILL LANE NW 88201-
835-12-1208

50299

YATES BROS
201 SOUTH 4TH ST NW 88210-
83-011859

50659

RUSSELL ESTATE TRUST
ATTN: TRUST DEPARTMENT
FIRST NATIONAL BANK OF ARTESIA
P O BOX 88210-
ARTESIA WA 88210-
83-8066406

53117

MCWHORTER FAMILY TRUST 89/2/24
BRYANT & RUTH MCWHORTER, TRUSTEES
6140 E VOLTAIRE AZ 85254-
SCOTTSDALE
526-04-4301

53612

MINERALS MANAGEMENT SERVICE
ROYAL PROGRAM
P O BOX 80217-
DENVER CO 80217-
86-0848646

56063

WILLIAM RICHARD BALLARD
11651 CALLE JAVELINA 85748-
TUESON AZ
525-10-7129

56064

BETTY L. PRICE MORGAN
5210 CHURCHSECO DRIVE
SAN ANTONIO TX 78239-
525-44-3306

ANWELER_D
7/21/97

LAST DATE
CHANGED

LEASE
INTEREST

12/16/96

.00156250

4/07/97

.00146625

12/16/96

.00058594

12/16/96

.00187500

12/16/96

.00937500

12/16/96

.00937500

12/16/96

.00937500

12/16/96

.00058594

12/16/96

.12500000

12/16/96

.00234375

12/16/96

.00234375

LC055465-A

42384-001 AA

PROPERTY DECK NO/YR

OWNER SQ BURDEN

57507

42384-001 AA

10/96 KITE '4E' FEDERAL #1

57507

999001

DEVON ENERGY CORP (NEVADA)

20 N. BRIDGWAY, STE 1100

OKLAHOMA CITY, OK 73102-8260

73-0779204

TOTAL: IMPT. INT: 1.00000000

REC. INT: 1.00000000

RECY. INT: 1.00000000

USE. INT: 1.00000000

LEASE

INTEREST

LEASE

INTEREST

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INTEREST

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INTEREST

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INTEREST

LEASE

DEC 001 DEVON ENERGY CORP (NEVADA)

REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME

OWNER SQ BURDEN

57507

42384-001 AA

10/96 KITE '4E' FEDERAL #1

57507

999001

DEVON ENERGY CORP (NEVADA)

20 N. BRIDGWAY, STE 1100

OKLAHOMA CITY, OK 73102-8260

73-0779204

TOTAL: IMPT. INT: 1.00000000

REC. INT: 1.00000000

RECY. INT: 1.00000000

USE. INT: 1.00000000

LEASE

INTEREST

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ANNELEER_D

LAST DATE

CHANGED

4/07/97

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12/16/96

12/16/96

7/21/97

LEASE

INTEREST

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LC055465-A

42383-002

AA 10/96

KITE '51' FEDERAL #2

28240

DEC 001

DEVON ENERGY CORP (NEVADA)

REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY DECK MO/YR

CARER SQ BORDEN

NAME

DESCRIPTION

MASTER DECK ONLY

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

42383-002

AA 10/96

KITE '51' FEDERAL #2

28240

HELEN WATSON & JOHN T RHETT

317 N 21ST ST

VA 22201

276-38-0254

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

38056

AA 10/96

KITE '51' FEDERAL #2

28240

SURAN LYNN TERRY

2119 N MESA #216

TX 79912

255-88-0570

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

38428

AA 10/96

KITE '51' FEDERAL #2

28240

WINNIE JEFFREY

304 MEATH DRIVE

BN 88365

257-28-0307

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

38564

AA 10/96

KITE '51' FEDERAL #2

28240

MICKEY TRAVIS

1004 E TATE

TX 79316

889-52-5239

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

39350

AA 10/96

KITE '51' FEDERAL #2

28240

MARGARET TRAVIS

1004 E TATE

TX 79316

889-52-5239

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

39622

AA 10/96

KITE '51' FEDERAL #2

28240

SANDRA LEIGH TERRY

2119 N MESA #216

TX 79912

255-88-0570

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

39729

AA 10/96

KITE '51' FEDERAL #2

28240

EDDIE V PEOPLES

6 VIE TORIAN CARS ROAD

LOREY TX 75603

482-20-5514

SD

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

43582

AA 10/96

KITE '51' FEDERAL #2

28240

BARBARA KAY CLAYTON SCOTT

9819 128TH ST E

WA 98373

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

43609

AA 10/96

KITE '51' FEDERAL #2

28240

CHERE JOHNSON

SOLE AND SEPARATE PROPERTY

1002 S 21ST ST

NM 88210

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

43620

AA 10/96

KITE '51' FEDERAL #2

28240

JOHN DONALD CLAYTON

1002 S 21ST ST

NM 88211-0526

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

43127

AA 10/96

KITE '51' FEDERAL #2

28240

BARBARA KRUISE FRANKENFELD

2119 N MESA #216

TX 75028-

583-68-0438

PA

TYPE

STAT

EL

UP

CR

CD

BT

CHANGED

LAST DATE

AMMELER D

7/21/97

LEASE

INTEREST

LC055383-A

7/21/93

LEASE

00025000

01375000

1
2
3
4
5
6
7
8

L605383A

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-36114. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 8, T18S, R27E

5. Lease Designation and Serial No.

NM-89156, LC-070678-A, &
NM-29273

6. If Indian, Allottee or Tribe Name

NA

7. If Unit or CA, Agreement Designation

NA

8. Well Name and No.

Hawk "8" Federal

9. API Well No.

10. Field and Pool, or Exploratory Area

Red Lake (Q-GB-SA)

11. County or Parish, State

Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☒
- Notice of Intent
-
- ☐
- Subsequent Report
-
- ☐
- Final Abandonment Notice

- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☒
- Other
- Commingling at surface

- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Devon Energy Corporation (Nevada) requests approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following wells:

Hawk "8J" Federal #1

Hawk "8O" Federal #9

Hawk "8J" Federal #2

Hawk "8O" Federal #10

Hawk "8K" Federal #3

Hawk "8P" Federal #11

Hawk "8K" Federal #4

Hawk "8P" Federal #12

Hawk "8L" Federal #5

Hawk "8L" Federal #6

Hawk "8N" Federal #7

Hawk "8N" Federal #8

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 3A

CASE NO. 11845

RECEIVED
SEP 21 1 47 PM '96
OIL CONSERVATION DIVISION

RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed E. L. Buttrick, Jr.

E. L. Buttrick, Jr.

Title District EngineerDate 9/25/96

(This space for Federal or State office use)

Approved by Harold R. GlassTitle PETROLEUM ENGINEERDate SEP 30 1996

Conditions of approval, if any:

COPIES FOR
COMINGLING OF APPROVALSUBMITTED TO
LAW OFFICE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

APPLICATION FOR SURFACE COMMINGLING, OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval for surface commingling and off lease storage and measurement of hydrocarbon production from the following wells on Federal Lease No. NM-89156;

Lease Name: Hawk "8" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	J	8	18S	27E	Grayburg-San Andres
2	J	8	18S	27E	Grayburg-San Andres
7	N	8	18S	27E	Grayburg-San Andres
8	N	8	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. LC-070678-A;

Lease Name: Hawk "8" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
3	K	8	18S	27E	Grayburg-San Andres
5	L	8	18S	27E	Grayburg-San Andres
6	L	8	18S	27E	Grayburg-San Andres
9	O	8	18S	27E	Grayburg-San Andres
10	O	8	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-29273;

Lease Name: Hawk "8" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
11	P	8	18S	27E	Grayburg-San Andres
12	P	8	18S	27E	Grayburg-San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hawk "8J" Federal #1	16	31	175
Hawk "8J" Federal #2	COMPLETING. TEST TO FOLLOW.		
Hawk "8K" Federal #3	48	41	847
Hawk "8K" Federal #4	76	37	900
Hawk "8L" Federal #5	69	40	300
Hawk "8L" Federal #6	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8N" Federal #7	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8N" Federal #8	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8O" Federal #9	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "8O" Federal #10	TO BE DRILLED. TEST TO FOLLOW.		

Hawk "8P" Federal #11
Hawk "8P" Federal #12

141 35 280
COMPLETING. TEST TO FOLLOW.

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL K in ^{NE/4SW/4} ~~SE/4SW/4~~ Sec. 8, T18S, R27E on lease No. LC-070678-A, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, working interest owners, and NMOCD have been notified of this proposal.

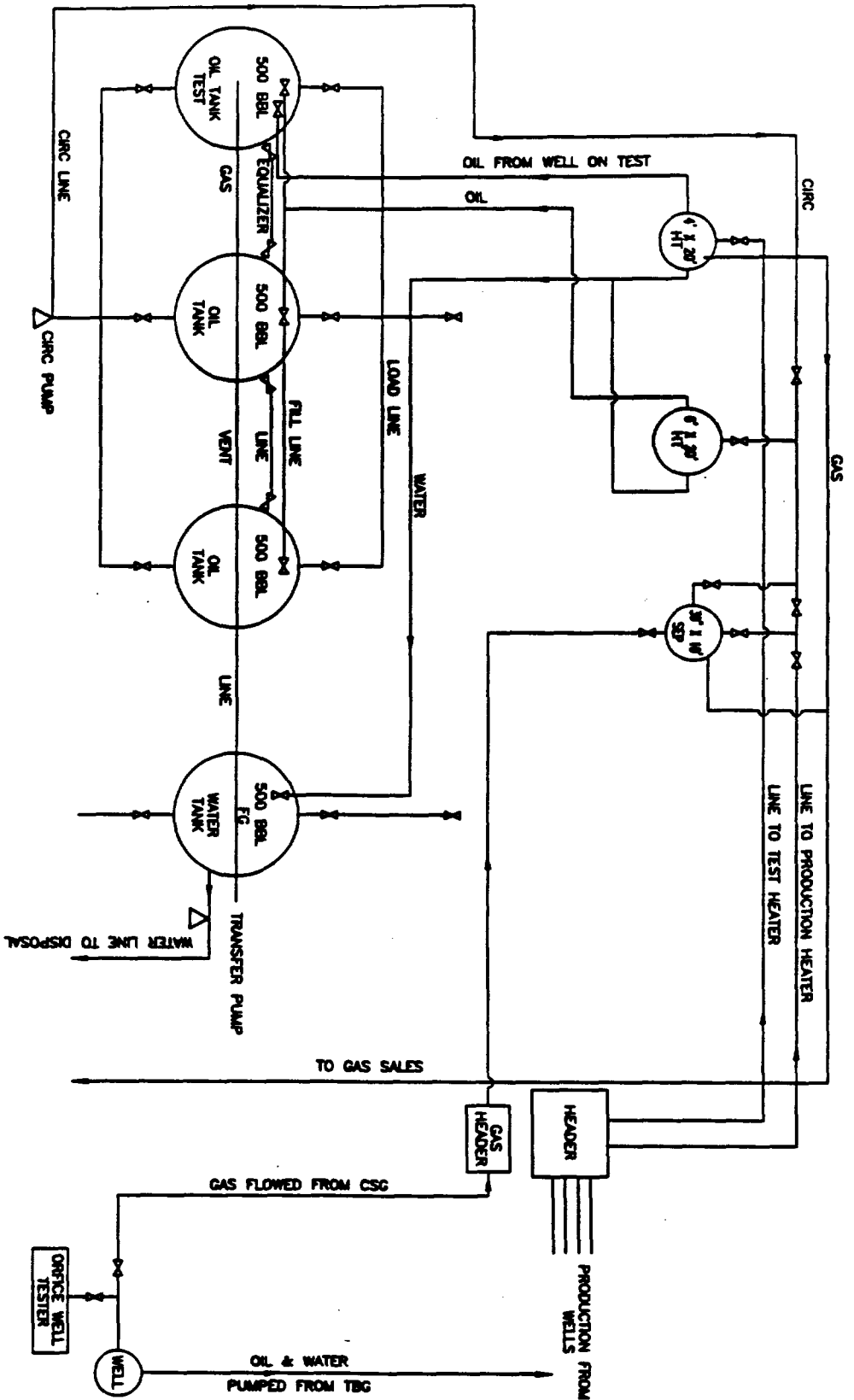
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 25, 1996

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102



design

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

HAWK "8" FEDERAL BATTERY

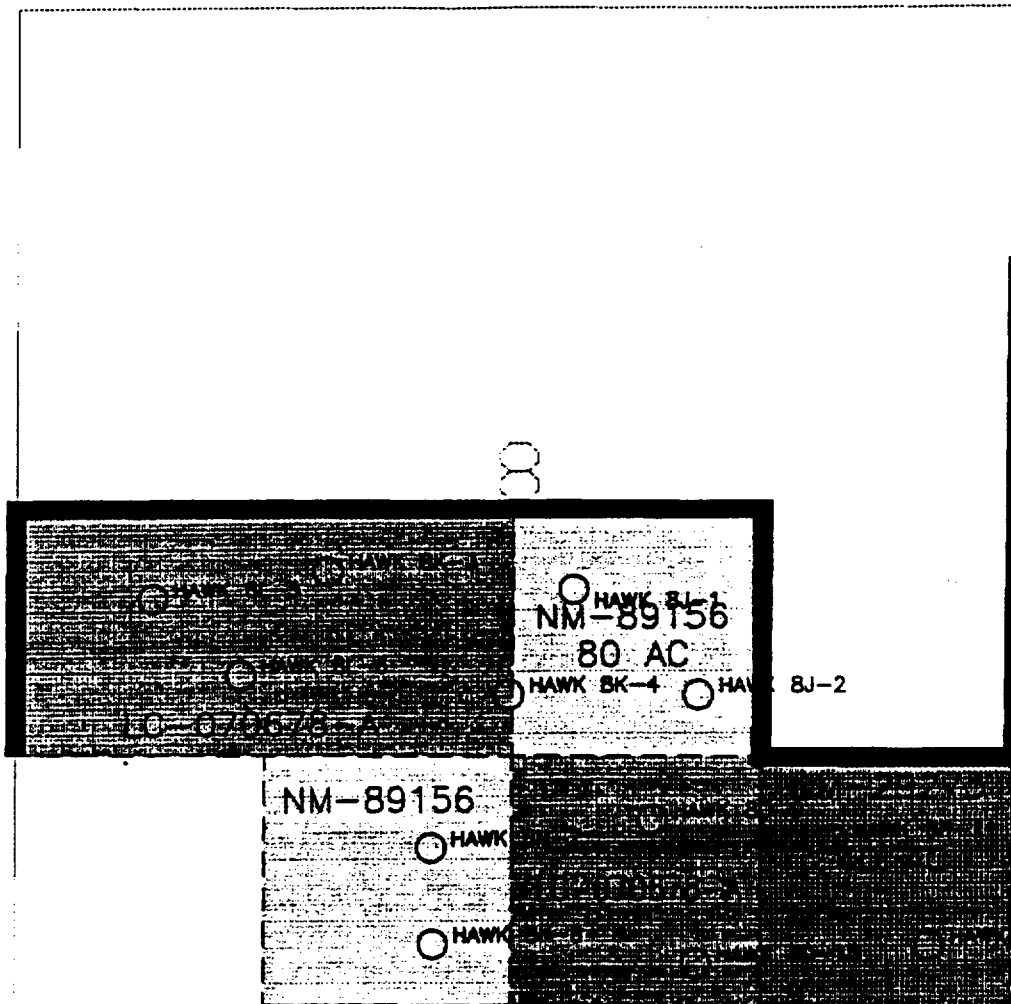
U.K. SEC. 8, T18S, R27E

F. CORNELL

9/88

THOND-8172

R 27 E



NM 0758



HWK8FED	

devon

RED LAKE FIELD
EDDY COUNTY, NEW MEXICO

LEASE MAP
HAWK 8 FEDERAL
EXHIBIT II

Scale in Feet
500 0 500 1000 1500 2000

E BUTTRESS

7/98

Bureau of Land Management
Roswell District
2909 West Second Street
Roswell, New Mexico 88201
505-627-0272

**Off-Lease Measurement, Storage, and Surface Commingling
Conditions of Approval**

Approval of surface commingling and off-lease storage and/or measurement is subject to the following conditions of approval:

1. This agency shall be notified of any change in sales method or location of the facility.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
5. Additional wells and/or leases require additional commingling approvals.
6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)
3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sections 17 and 8 - 18S-27E

5. Lease Designation and Serial No. NM-89156; LC-070678-A; NM-29273 & NM-0758
6. If Indian, Allottee or Tribe Name NA
7. If Unit or CA, Agreement Designation N/A
8. Well Name and No. Hawk "17" & "8" Federal
9. API Well No.
10. Field and Pool, or Exploratory Area Red Lake (Q-GB-SA)
11. County or Parish, State Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other Commingling at Surface

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval to amend the application for surface commingling and off-lease storage and measurement of hydrocarbon production to include the following wells: (see attached approved commingle request)

Hawk "17C" Federal #1
Hawk "17C" Federal #2

E.L. Buttross, Jr.

Signed E.L. Buttross, Jr.

Title District Engineer

Date July 2, 1997

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

APPLICATION FOR SURFACE COMMINGLING OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval to amend the application for surface commingling and off lease storage and measurement of hydrocarbon production to include the following wells on Federal Lease No. NM-0758 (see attached for approved commingling request).

Lease Name: Hawk "17" Federal

<u>Well No.</u>	<u>UL</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	C	17	18S	27E	Grayburg/San Andres
2	C	17	18S	27E	Grayburg/San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCEPD</u>
Hawk "17C" Federal #1	COMPLETING, TEST TO FOLLOW		
Hawk "17C" Federal #2	TO BE DRILLED, TEST TO FOLLOW		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL K in the ~~NW 1/4 SE 4~~ Section 8, T18S, R27E on lease ~~No. NM-031186~~ *LC 07067-A* No. NM-031186, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, and NMOCDC have been notified of this proposal.

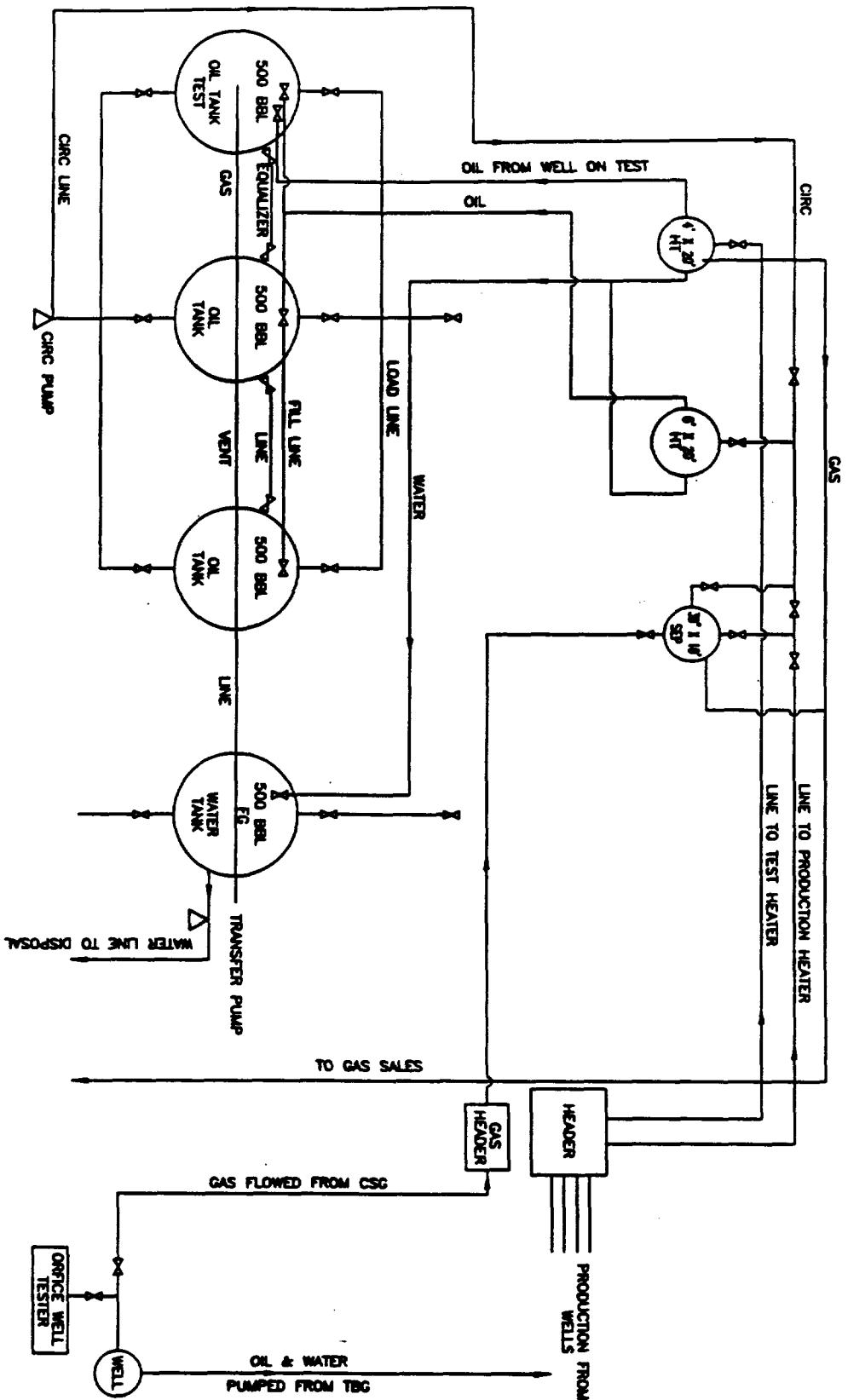
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: July 3, 1997

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 736102



devon

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

HAWK "8" FEDERAL BATTERY

ULK, SEC. 8, T18S, R27E

F. CORNELL

9/98

T 17 S
R 27 E

32

ST BZ 2 CSDU 2

EVARTS FED 2

BRECK ST 1

EAGLE 33N-8
LC-026874-B
160.69 AC

EAGLE 34D-7

EAGLE 33A-2

EAGLE 34E-8

EAGLE 34N-6

EAGLE 34L-23

EAGLE 34K-24
MALCO FED 24
240 AC

EAGLE 34M-25

EAGLE 34N-26

HARBOLD 8

EAGLE 33P-14

EAGLE 34M-26

EAGLE 34N-28

HARBOLD 5

T 1

T 18 S
R 27 E

5

NM-025530
HONDO B-2
37.28 AC

FED B-1

J-8

FED B-1

HUDSON B 1

HUDSON

K-7

K-8

L-7

L-8

FALCON 3N-18

MARK-FED 1

MARK 100-1

MARK 100-2

MARK 100-3

MARK 100-4

MARK 100-5

MARK 100-6

MARK 100-7

MARK 100-8

MARK 100-9

MARK 100-10

MARK 100-11

MARK 100-12

MARK 100-13

MARK 100-14

MARK 100-15

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTOPERATOR'S COPY FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)
3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 9, T18S, R27E

5. Lease Designation and Serial No. NM-031186 & NM-025604
6. If Indian, Allottee or Tribe Name NA
7. If Unit or CA, Agreement Designation NA
8. Well Name and No. Hawk "9" Federal
9. API Well No.
10. Field and Pool, or Exploratory Area Red Lake (Q-GB-SA)
11. County or Parish, State Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other Commingling at surface

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following wells:

Hawk "9A" Federal #1
Hawk "9B" Federal #3
Hawk "9E" Federal #5
Hawk "9E" Federal #6
Hawk "9F" Federal #7
Hawk "9F" Federal #8
Hawk "9G" Federal #9
Hawk "9H" Federal #11

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 3B
CASE NO. 11846

RECEIVED
SEP 27 1 45 PM '96
CARI
ARE
AGE
MTR

14. I hereby certify that the foregoing is true and correct

Signed E. L. Buttross, Jr.

E.L. Buttross, Jr.

Title District Engineer

Date 9/25/96

(This space for Federal or State office use)

Approved by David P. Glass

Title PETROLEUM ENGINEER

Date SEP 30 1996

Conditions of approval, if any:

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

SUBJECT TO
LIVE APPROVAL

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

0-8-96
10K

APPLICATION FOR SURFACE COMMINGLING, OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval for surface commingling and off lease storage and measurement of hydrocarbon production from the following wells on Federal Lease No. NM-031186;
Lease Name: Hawk "9" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
5	E	9	18S	27E	Grayburg-San Andres
6	E	9	18S	27E	Grayburg-San Andres
7	F	9	18S	27E	Grayburg-San Andres
8	F	9	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-025604;
Lease Name: Hawk "9" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	A	9	18S	27E	Grayburg-San Andres
3	B	9	18S	27E	Grayburg-San Andres
9	G	9	18S	27E	Grayburg-San Andres
11	H	9	18S	27E	Grayburg-San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hawk "9A" Federal #1	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9B" Federal #3	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9E" Federal #5	68	38	76
Hawk "9E" Federal #6	BEING COMPLETED. TEST TO FOLLOW.		
Hawk "9F" Federal #7	41	38	82
Hawk "9F" Federal #8	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9G" Federal #9	TO BE DRILLED. TEST TO FOLLOW.		
Hawk "9H" Federal #11	TO BE DRILLED. TEST TO FOLLOW.		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL F in SE/4 NW/4 Sec. 9, T18S, R27E on lease No. NM-031186, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, working interest owners, and NMOCD have been notified of this proposal.

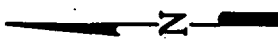
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 25, 1996

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102



RED LAKE AREA
EDDY COUNTY, NEW MEXICO

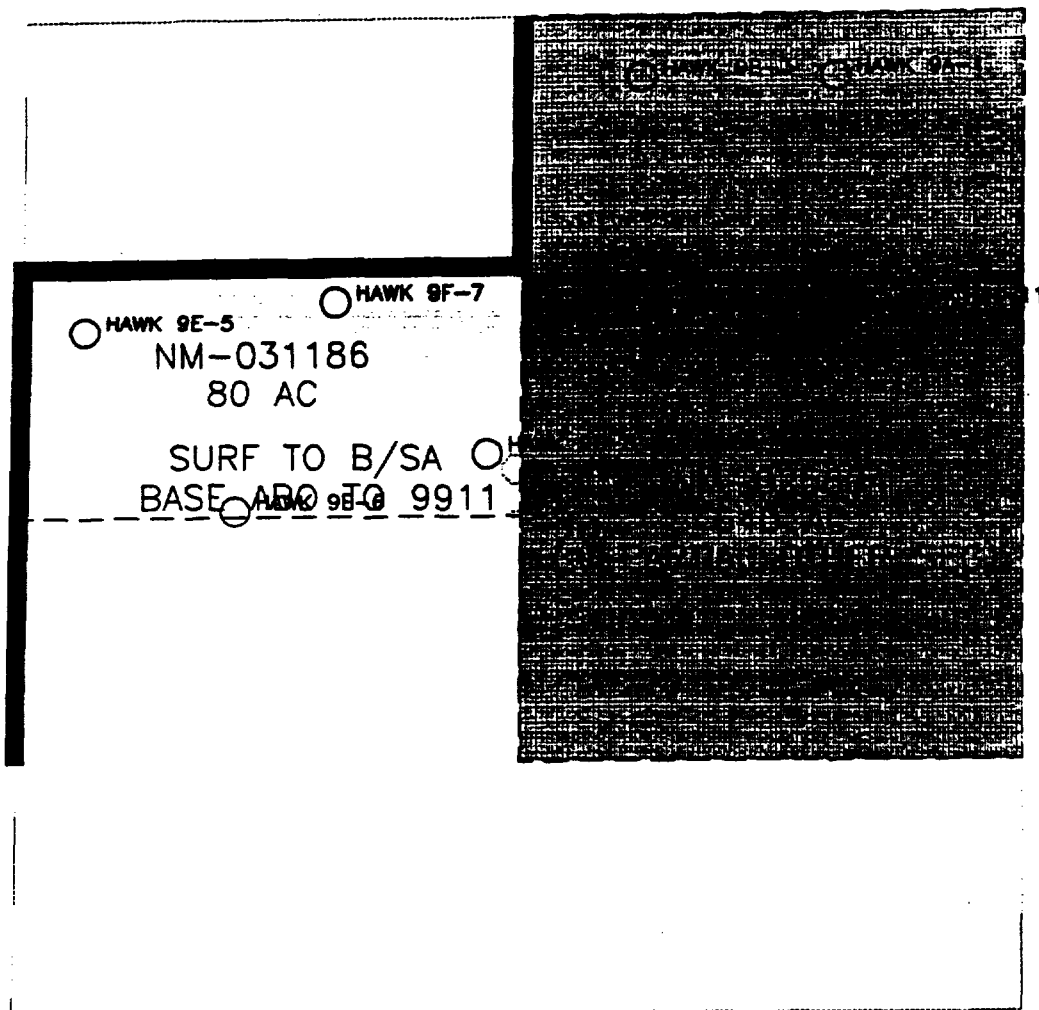
EXHIBIT # 1

HAWK "9" FEDERAL BATTERY
FLOW DIAGRAM
ULF, SEC. 9, T18S, R27E

F CONVELL

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R 27 E



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18
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HWK9FED	

devon

RED LAKE FIELD
EDDY COUNTY, NEW MEXICO

LEASE MAP
HAWK 9 FEDERAL
EXHIBIT II

Scale in Feet
1000 0 1000 2000 3000 4000

E BUTTROSS

7/96

Bureau of Land Management
Roswell District
2909 West Second Street
Roswell, New Mexico 88201
505-627-0272

**Off-Lease Measurement, Storage, and Surface Commingling
Conditions of Approval**

Approval of surface commingling and off-lease storage and/or measurement is subject to the following conditions of approval:

1. This agency shall be notified of any change in sales method or location of the facility.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
5. Additional wells and/or leases require additional commingling approvals.
6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Section 9 - 18S-27E

5. Lease Designation and Serial No.
NM-031186; NM-025604 & LC-065478-B

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
N/A

8. Well Name and No.
Hawk "9" Federal

9. API Well No.

10. Field and Pool, or Exploratory Area
Red Lake (Q-GB-SA)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Commingling at Surface</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval to amend the application for surface commingling and off-lease storage and measurement of hydrocarbon production to include the following wells: (see attached approved commingle request)

Hawk "9A" Federal #2
Hawk "9B" Federal #4
Hawk "9G" Federal #10
Hawk "9H" Federal #12
Hawk "9I" Federal #13
Hawk "9I" Federal #14
Hawk "9J" Federal #15
Hawk "9J" Federal #16
Hawk "9O" Federal #17
Hawk "9O" Federal #18
Hawk "9P" Federal #19
Hawk "9P" Federal #20

14. I hereby certify that the foregoing is true and correct

E.L. Buttross, Jr.

Signed E.L. Buttross Jr.

Title District Engineer

Date July 2, 1997

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

APPLICATION FOR SURFACE COMMINGLING OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval to amend the application for surface commingling and off lease storage and measurement of hydrocarbon production to include the following wells on Federal Lease No. NM 025604 (see attached for approved commingling request).

Lease Name: Hawk "9" Federal

<u>Well No.</u>	<u>UL</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
2	A	9	18S	27E	Grayburg/San Andres
4	B	9	18S	27E	Grayburg/San Andres
12	H	9	18S	27E	Grayburg/San Andres
10	G	9	18S	27E	Grayburg/San Andres
13	I	9	18S	27E	Grayburg/San Andres
15	J	9	18S	27E	Grayburg/San Andres
16	J	9	18S	27E	Grayburg/San Andres
14	I	9	18S	27E	Grayburg/San Andres

to include hydrocarbon production from the following wells on Federal Lease No. LC-065478-B

Lease Name: Hawk "9" Federal

<u>Well No.</u>	<u>UL</u>	<u>Sec</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
17	O	9	18S	27E	Grayburg/San Andres
19	P	9	18S	27E	Grayburg/San Andres
20	P	9	18S	27E	Grayburg/San Andres
18	O	9	18S	27E	Grayburg/San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hawk "9A" Federal #2	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9B" Federal #4	COMPLETING, TEST TO FOLLOW		
Hawk "9G" Federal #10	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9H" Federal #12	COMPLETING, TEST TO FOLLOW		
Hawk "9I" Federal #13	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9I" Federal #14	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9J" Federal #15	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9J" Federal #16	70	38	70
Hawk "9O" Federal #17	40	38	40
Hawk "9O" Federal #18	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9P" Federal #19	TO BE DRILLED, TEST TO FOLLOW		
Hawk "9P" Federal #20	TO BE DRILLED, TEST TO FOLLOW		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL F in the SE/4 NW 4 Section 9, 18S, 27E on lease No. NM-031186, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, and NMOCD have been notified of this proposal.

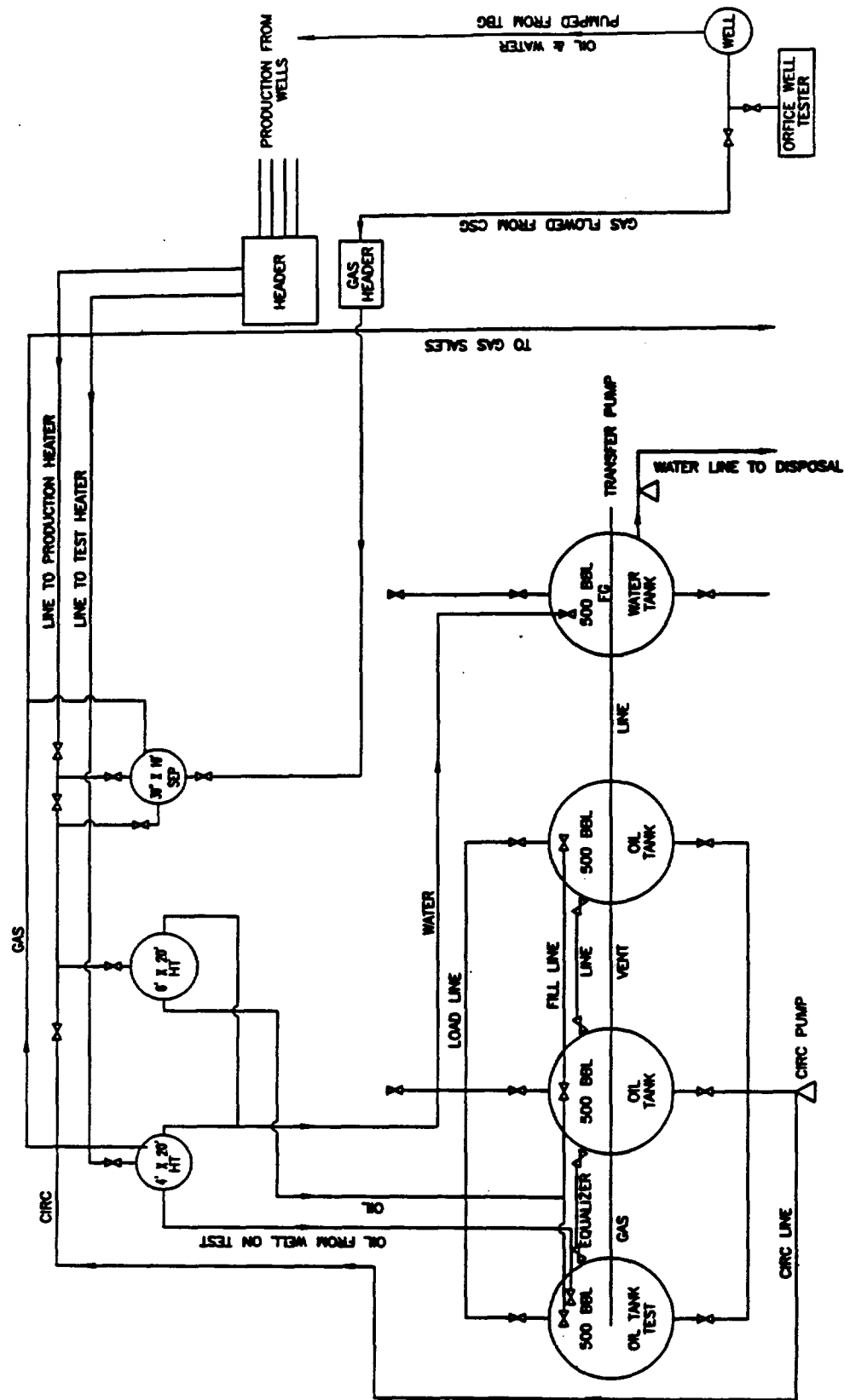
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: July 3, 1997

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 736102



delon

RED LAKE AREA
EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

HAWK "9" FEDERAL BATTERY
FLOW DIAGRAM
ULF, SEC. 9, T18S, R27E

F. CORWELL

9/08



THORNHILL

T 17 S
R 27 E

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ST BZ 2 CBOU 2

EVARTS FED 2

BRECK ST 1

EAGLE 33N-8
LC-026874-B
160.69 AC

EAGLE 34D-7

E 33A-2

EAGLE 34E-8

33N-8

EAGLE 34L-23

EAGLE 34K-4

LC-026874-B
240 AC

EAGLE 34M-25

EAGLE 34N-27

E 33P-14

EAGLE 34M-26

EAGLE 34N-28

HARBOLD 8

HARBOLD 5

T 18 S
R 27 E

NM-025530

HONDO B-2

37.28 AC

H FED B-1

J-8

H FED B-1

HUDSON B 1

HUDSON

LC-055383-A
160 AC

NM-031186
80 AC

BASE ABO TO 9911

NM-025530

HONDO B-2

37.28 AC

H FED B-1

J-8

H FED B-1

HUDSON B 1

HUDSON

FALCON 3N-18

MANH-FED 1

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NM-0758

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NM ST BF 1

STATE BR 1

MARK 17C-2

ACBOU 1 8

ACBOU 1 9

ACBOU 2 14

ACBOU 2 13

ACBOU 2-11

NM ST BF 2

ST NM "CE"

EDDY ST BU 1

ST OF NM "CE"

SHAMON FED 1

ACBOU 2 26

ACBOU 2-24

ACBOU 2 25

ACBOU 2 16

SCOGINS D 1

SCOGINS DRW ST C 1

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec. 4, T18S, R27E

5. Lease Designation and Serial No.
NM-033825, NM-025530, NM-29278, LC-055465, & LC-055383-A

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
NA

8. Well Name and No.
Hondo Federal

9. API Well No.

10. Field and Pool, or Exploratory Area
Red Lake (Q-GB-SA)

11. County or Parish, State
Eddy County, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Commingling at surface</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Devon Energy Corporation (Nevada) requests approval for surface commingling and off-lease storage and measurement of hydrocarbon production from the following wells:

Hondo Federal #1 Kite "4E" Federal #1
Hondo Federal #2 Kite "4E" Federal #2
Hondo Federal #3 Kite "4F" Federal #3
Hondo Federal #4 Kite "4F" Federal #4
Hondo Federal #5 Kite "5I" Federal #1
Hondo Federal #6 Kite "5I" Federal #2
Hondo "B" Federal #1
Hondo "B" Federal #2

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 3C
CASE NO. 11847

RECEIVED
SEP 27 1 49 PM '96

14. I hereby certify that the foregoing is true and correct

Signed E.L. Buttross, Jr.

E.L. Buttross, Jr.

Title District Engineer

Date 9/26/96

(This space for Federal or State office use)

Approved by David P. Glass
Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date SEP 30 1996

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

SENT TO
BUREAU OF LAND MANAGEMENT

APPLICATION FOR SURFACE COMMINGLING, OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
620 E. Greene Street
Carlsbad, New Mexico 88220

Devon Energy Corporation requests approval for surface commingling and off lease storage and measurement of hydrocarbon production from the following wells on Federal Lease No. NM-033825;

Lease Name: Hondo Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
2	A	4	18S	27E	Grayburg-San Andres
3	A	4	18S	27E	Grayburg-San Andres
4	B	4	18S	27E	Grayburg-San Andres
5	B	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-025530;

Lease Name: Hondo "B" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	H	4	18S	27E	Grayburg-San Andres
2	H	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. NM-29278;

Lease Name: Hondo Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	G	4	18S	27E	Grayburg-San Andres
6	G	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. LC-055465-A;

Lease Name: Kite "4" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	E	4	18S	27E	Grayburg-San Andres
2	E	4	18S	27E	Grayburg-San Andres
3	F	4	18S	27E	Grayburg-San Andres
4	F	4	18S	27E	Grayburg-San Andres

with hydrocarbon production from the following wells on Federal Lease No. LC-055383-A;

Lease Name: Kite "5" Federal:

<u>Well No.</u>	<u>UL</u>	<u>Sec.</u>	<u>Twp</u>	<u>Rng</u>	<u>Formation</u>
1	I	5	18S	27E	Grayburg-San Andres
2	I	5	18S	27E	Grayburg-San Andres

Production from the wells involved is as follows:

<u>Well</u>	<u>BOPD</u>	<u>Oil Gravity</u>	<u>MCFPD</u>
Hondo Federal #1	5	38	10
Hondo Federal #2	4	38	10
Hondo Federal #3	TO BE DRILLED. TEST TO FOLLOW.		
Hondo Federal #4	TO BE DRILLED. TEST TO FOLLOW.		
Hondo Federal #5	TO BE DRILLED. TEST TO FOLLOW.		
Hondo Federal #6	COMPLETING. TEST TO FOLLOW.		
Hondo "B" Federal #1	4	38	10
Hondo "B" Federal #2	TO BE DRILLED. TEST TO FOLLOW.		
Kite "4E" Federal #1	TO BE DRILLED. TEST TO FOLLOW.		
Kite "4E" Federal #2	COMPLETING. TEST TO FOLLOW.		
Kite "4E" Federal #3	TO BE DRILLED. TEST TO FOLLOW.		
Kite "4E" Federal #4	COMPLETING. TEST TO FOLLOW.		
Kite "5I" Federal #1	COMPLETING. TEST TO FOLLOW.		
Kite "5I" Federal #2	COMPLETING. TEST TO FOLLOW.		

Exhibit I is a schematic which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL G in SW/4 NE/4 Sec. 4, T18S, R27E on lease No. NM-29278, Eddy County, New Mexico. The BLM will be notified if there is any future change in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater which will separate the oil and water, and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these tests.

The overriding royalty owners, working interest owners, and NMOCD have been notified of this proposal.

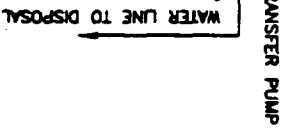
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

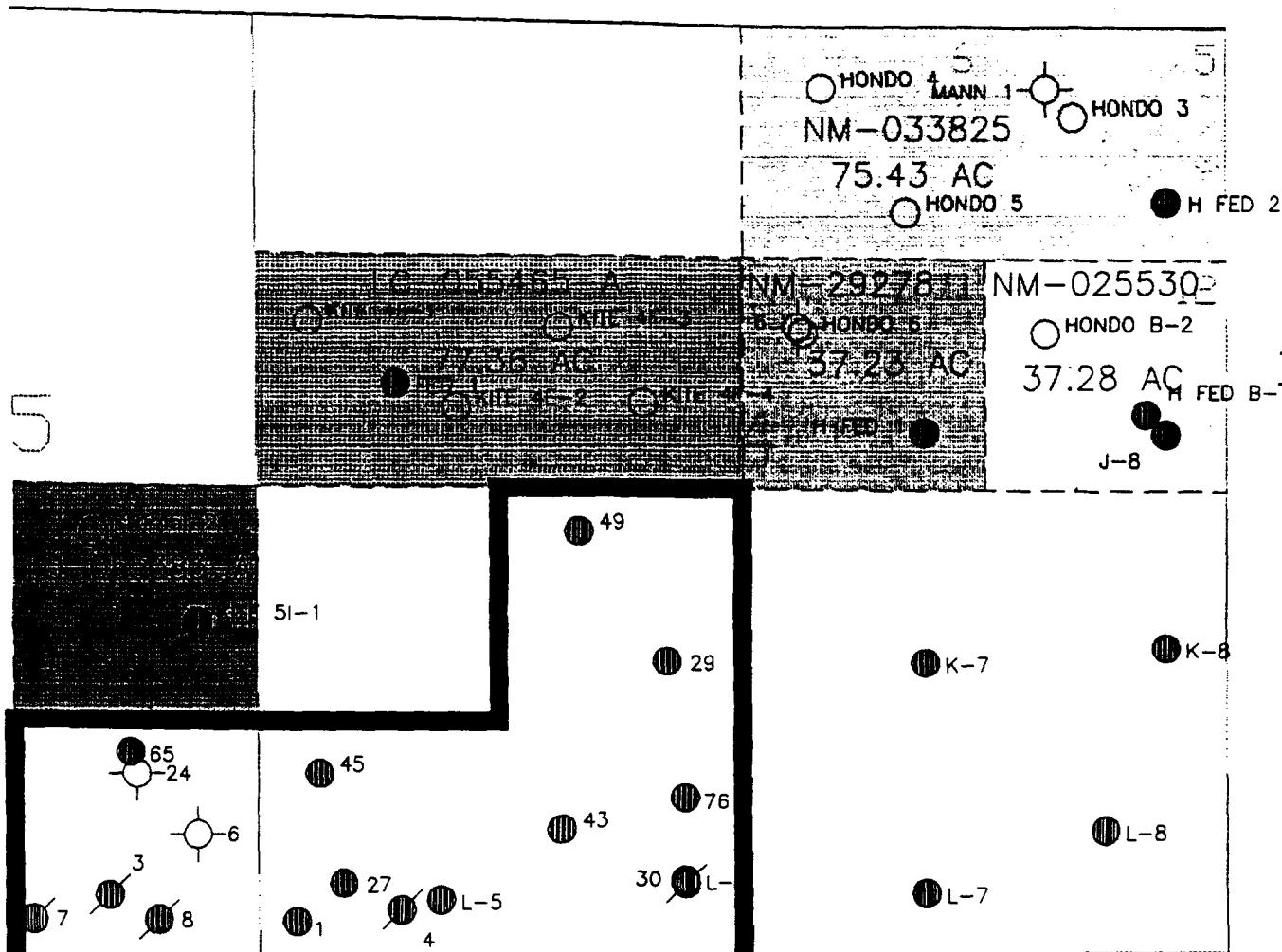
Signed: E. L. Buttross Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 26, 1996

Devon Energy Corporation (Nevada)
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102



98/8

R 27 E



T
18
S



devon

RED LAKE FIELD
EDDY COUNTY, NEW MEXICO

LEASE MAP
HONDO FEDERAL,
HONDO "B" FEDERAL & KITE FEDERAL
EXHIBIT II

Scale in Feet
500 0 500 1000 1500 2000

E BUTTROSS

KITE-HOO	

Bureau of Land Management
Roswell District
2909 West Second Street
Roswell, New Mexico 88201
505-627-0272

**Off-Lease Measurement, Storage, and Surface Commingling
Conditions of Approval**

Approval of surface commingling and off-lease storage and/or measurement is subject to the following conditions of approval:

1. This agency shall be notified of any change in sales method or location of the facility.
2. This agency shall be notified of any spill or discharge as required by NTL-3A.
3. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
4. This approval is subject to like approval by the New Mexico Oil Conservation Division.
5. Additional wells and/or leases require additional commingling approvals.
6. This approval does not constitute right-of-way approval for any off-lease activities. Within 30 days, an application for right-of-way approval must be submitted to the Realty Section if not already done.

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR
LEASE COMMINGLING, EDDY
COUNTY, NEW MEXICO.

Case No. 11845

AFFIDAVIT REGARDING NOTICE

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

E.L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an employee of Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

E. L. Buttross Jr.
E.L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 3rd day of September, 1997, by E.L. Buttross, Jr.

[Signature]
NOTARY PUBLIC

My Commission Expires:

3/14/01

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 4A
CASE NO. 11845



20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone: 405/235-3611
FAX 405/552-4550

August 14, 1997

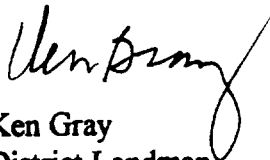
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit "A"

Enclosed is a copy of an application filed at the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada) requesting approval for lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the leases described in the application. This matter will be heard at 8:15 a.m. on Thursday, September 4, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

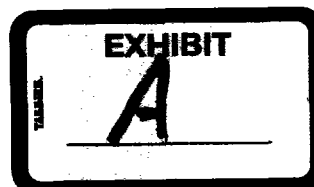
Very truly yours,

DEVON ENERGY CORPORATION (NEVADA)


Ken Gray
District Landman

KG:mb\LAND.1

enc.



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR LEASE
COMMINGLING, EDDY COUNTY, NEW MEXICO.

No. _____

APPLICATION

Devon Energy Corporation (Nevada) hereby applies for an exception to Division Rule 309 to permit lease commingling, as described further below:

1. Applicant is the operator of United States Oil and Gas Leases NM 89156, LC 070678-A, NM 29273, and NM 0758, which collectively cover the N~~X~~SW~~X~~, SE~~X~~SW~~X~~, W~~X~~SE~~X~~, and SE~~X~~SE~~X~~ of Section 8, and the NE~~X~~NW~~X~~ of Section 17, Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico.

2. Applicant proposes to commingle Red Lake Queen-Grayburg-San Andres Pool production from 14 wells drilled or to be drilled on the subject leases and lands in a common tank battery to be located in the NW~~X~~SE~~X~~ of Section 8, without separately metering production, by allocating production to each well and to each lease on the basis of monthly well tests.

3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

4. Notice of this application has been given to all interest owners in the affected leases, by certified mail.

5. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that the Division approve lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the above-described leases and lands.

Respectfully submitted,

A handwritten signature in cursive script that reads "James Bruce". The signature is written in dark ink and is positioned above a horizontal line.

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Devon Energy Corporation
(Nevada)

JONEL SUSAN GRASSO
11 OCEAN RIDGE
LAGUNA HIGUEL CA 92677
262-23-3726

JOHN W HUBERT
430 SWAN
ST LOUIS MO 63119
308-52-2734

JAMES HUBERT
3209 DUBLIN LN
LOUISVILLE KY 40206
308-54-3233

KATHRYN BEACH
2301 BENNETT ROAD
LAFAYETTE IN 47905
308-54-3243

SUSAN LABUNSKI
931 W STONEHEDGE DRIVE
ADDISON IL 60101-3172
308-54-3253

CHARLOTTE COLEMAN
1304 GREAT OAK DR
PITTSBURG PA 15220-
308-54-3255

ROBERT HUBERT
20218 N.E. 163RD STREET
WOODINVILLE WA 98072-
308-54-3259

CHARLES M PIER
4004 SANQUINET ST
FORT WORTH TX 76107-
449-12-1027

CHARLES R. COLLINS
1404 FARRINGTON DRIVE
KNOXVILLE TN 37923-
458-06-2687

CLAIRE COLLINS
3257 ROGERS AVE.
FORT WORTH TX 76109-
465-70-4098

CHARLOTTE DAUGIRDA
10215 HUNTINGTON WOOD DRIVE
HOUSTON TX 77099-
465-70-4099

WILLIAM H. COLLINS
6542 NINE MILE AZLE ROAD
FORT WORTH TX 76135-
453-72-4384

CHARLOTTE ANN PIER
4349 BELLAIRE DR, S, #129
FT WORTH TX 76109-
466-46-3961

JOAN A HUDSON
8053 SAN VISTA CIR.
NAPLES FL 33942-
525-68-5770

JANE ANN HUDSON DAVIS
BOX 2660
BUIDOSO NM 88345-2660
585-18-8796

ESTATE OF ADRIENNE GANS SIMON
C/O WILLIAM D. RATLIFF, JR.,
EXECUTOR
500 THROCKMORTON ST., STE 1600
FORT WORTH TX 76102-
455-22-3034

HIGGINS TRUST INC
C/O WILLIAM P EDWARDS
P O BOX 2421
GAINESVILLE GA 30503-
85-6009063

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217-
84-0848646

M CRAIG CLARK, INC
500 W TEXAS, STE 1175
MIDLAND TX 79701
75-2592148

DAVID W & I FAYE CROMWELL
2819 SHANDON
MIDLAND TX 79705
443-44-8195

LINDA P SKINNER
7826 CARUTH CT
DALLAS TX 75225
447-40-6866

DONALD L CLARK
P O BOX 191407
DALLAS TX 75219-1407
444-34-9430

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR
LEASE COMMINGLING, EDDY
COUNTY, NEW MEXICO.

Case No. 11846

AFFIDAVIT REGARDING NOTICE

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

E.L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an employee of Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

E.L. Buttross Jr.
E.L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 3rd day of September, 1997, by E.L. Buttross, Jr.

[Signature]
NOTARY PUBLIC

My Commission Expires:

3/14/01

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 43
CASE NO. 11846



20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone: 405/235-3611
FAX 405/552-4550

August 14, 1997

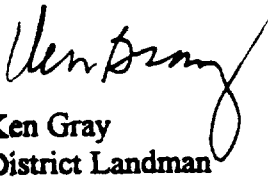
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit "A"

Enclosed is a copy of an application filed at the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada) requesting approval for lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the leases described in the application. This matter will be heard at 8:15 a.m. on Thursday, September 4, 1997 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

DEVON ENERGY CORPORATION (NEVADA)


Ken Gray
District Landman

KG:mb/LAND.1

enc.



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR LEASE
COMMINGLING, EDDY COUNTY, NEW MEXICO.

No. _____

APPLICATION

Devon Energy Corporation (Nevada) hereby applies for an exception to Division Rule 309 to permit lease commingling, as described further below:

1. Applicant is the operator of United States Oil and Gas Leases NM 031186, NM 025604, and LC 065478-B, which collectively cover the E $\frac{1}{4}$ and S $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 9, Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico.

2. Applicant proposes to commingle Red Lake Queen-Grayburg-San Andres Pool production from 20 wells drilled or to be drilled on the subject leases and lands in a common tank battery to be located in the SE $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 9, without separately metering production, by allocating production to each well and to each lease on the basis of monthly well tests.

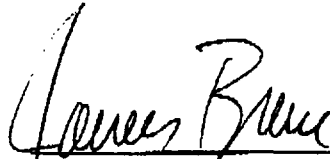
3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

4. Notice of this application has been given to all interest owners in the affected leases, by certified mail.

5. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that the Division approve lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the above-described leases and lands.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "James Bruce", is written over a horizontal line.

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Devon Energy Corporation
(Nevada)

ESTATE OF HELEN HENSON
1749 CATLIN DRIVE
FAIRFIELD CA 94533
525-36-3548

CONRAD G. & ADA J. KEYES,
LIVING TRUST
CONRAD G. & ADA J. KEYES, TRUSTEES
P. O. BOX 156
BUIDOSO NM 88345
525-16-8892

LARUE M. WHITE
LANFAIR-BELWOOD
1776 LARCH AVENUE #303
CINCINNATI OH 45224
484-38-4701

JANICE GETTYS
803 S. STRATTON ST
DECATUR TX 76234
525-38-4371

MARJORIE MEYER
680 S. ALTON WY, APT 5-B
DENVER CO 80231
525-44-6888

ROBERT GRANT KEYES
C/O NORWEST BANK NEW MEXICO OF
ROSWELL ACCOUNT #2213451
P O BOX 1977
ROSWELL NM 88201
525-54-9318

HATTYE RUTH GRIFFIN
410 S. ROSELAWN AVE
ARIESIA NM 88210
525-66-1296

BARBARA K. DAVIDSON
P O BOX 387
LA JARA CO 81140-0387
525-88-6447

LELA BESS BARNETTE
THE FIFTH AVENUE
500 HENDRICKSON RD., STOP 5016
SEQUIM WA 98382-
569-26-2685

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217-
84-0848646

ALLEENE C. GRAVES
2381 RIDGMAR PLAZA
FORT WORTH TX 76116
464-09-2045

JOAN A. HUDSON
8053 SAN VISTA CIR.
NAPLES FL 33942
525-68-5770

JANE ANN HUDSON DAVIS
BOX 2660
BUIDOSO NM 88345-2660
585-18-8796

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217-
84-0848646

ALTURA ENERGY LTD (AMOCO)
(SUCCESSOR TO AMOCO)
P O BOX 100725
ATLANTA GA 30384-0725
76-0528603

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR
LEASE COMMINGLING, EDDY
COUNTY, NEW MEXICO.

Case No. 11847

AFFIDAVIT REGARDING NOTICE

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

E.L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an employee of Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rule 1207.

E. L. Buttross Jr.
E.L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 3rd day of September, 1997, by E.L. Buttross, Jr.

[Signature]
NOTARY PUBLIC

My Commission Expires:

3/14/01

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT

9C

CASE NO.

11847

August 14, 1997

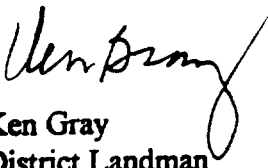
CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit "A"

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Very truly yours,

DEVON ENERGY CORPORATION (NEVADA)


Ken Gray
District Landman

KG:mb/LAND.1

enc.



BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY
CORPORATION (NEVADA) FOR LEASE
COMMINGLING, EDDY COUNTY, NEW MEXICO.

No. _____

APPLICATION

Devon Energy Corporation (Nevada) hereby applies for an exception to Division Rule 309 to permit lease commingling, as described further below:

1. Applicant is the operator of United States Oil and Gas Leases NM 033825, NM 025530, NM 29278, LC 055465, and LC 055383-A, which collectively cover the NE $\frac{1}{4}$ and SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 4, and the NE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 5, Township 18 South, Range 27 East, NMPM, Eddy County, New Mexico.

2. Applicant proposes to commingle Red Lake Queen-Grayburg-San Andres Pool production from 14 wells drilled or to be drilled on the subject leases and lands in a common tank battery to be located in the SW $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, without separately metering production, by allocating production to each well and to each lease on the basis of monthly well tests.

3. Royalty interest ownership under the subject leases is common, but working interest and/or overriding royalty interest ownership differs.

4. Notice of this application has been given to all interest owners in the affected leases, by certified mail.

5. The granting of this application is in the interests of conservation, the prevention of waste, and the protection of correlative rights.

WHEREFORE, applicant requests that the Division approve lease commingling of Red Lake Queen-Grayburg-San Andres Pool production from the above-described leases and lands.

Respectfully submitted,

A handwritten signature in cursive script, reading "James Bruce". The signature is written in dark ink and is positioned above a horizontal line.

James Bruce
P.O. Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Devon Energy Corporation
(Nevada)

ANN D ALLISON
P O BOX 64035
LUBBOCK TX 79464
58-5225493

EDITH C WHEELER
P O BOX 64035
LUBBOCK TX 79464
460-20-5004

DAVID W THORNE
211 MAPLE ST
BREVARD NC 28712
073-05-3170

ESTATE OF HELEN HENSON
1742 CATLIN DRIVE
FAIRFIELD CA 94533
525-36-3548

JOHN E THORNE
3700 S LINDBERGH BLVD
ST LOUIS MO 63127-3980
309-46-8009

DAVIS A. COPPEDGE
422 GOODWIN DR
RICHARDSON TX 75081-
449-50-9520

JANE ELLEN MOORE
P O BOX 3389
SHERMAN TX 75090-
450-78-2808

JAMES T. COPPEDGE
70 W MORGAN
SPENCER IN 47460-
453-70-7870

MICHAEL H. MOORE
P O BOX 3389
SHERMAN TX 75091-
455-72-0603

DAVID H. ABBINGTON
P O BOX 2071
MIDLAND TX 79702-
461-21-2845

CONRAD G. & ADA J. KEYES,
LIVING TRUST
CONRAD G. & ADA J. KEYES, TRUSTEES
P O BOX 156
BUIDOSO NM 88345-
525-16-8892

VERA POLK LIFE ESTATE REMAIND
CONNIE BOELKES TR FOR ZACHARY
ALLEN BOELKES A MINOR
1715 SOUTH GARY AVE
TULSA OK 74104-
478-05-8893

LARUE M WHITE
LANFAIR-BELWOOD
1776 LARCH AVENUE #303
CINCINNATI OH 45224-
484-38-4701

JANE THORNE RONCA
11805 LA CHARLES AVE NE
ALBUQUERQUE NM 87111-
512-36-9803

HENRY F THORNE
P O BOX 4028
FRESNO CA 93744-4028
514-40-9014

ELIZABETH T GREENE
200 E 22ND #12
ROSWELL NM 88201-
525-30-2106

JANICE GETTYS
803 S STRATTON ST
DECATUR TX 76234-
525-38-4371

MARJORIE MEYER
680 S ALTON WY, APT 5-B
DENVER CO 80231-
525-44-6888

ROBERT GRANT KEYES
C/O NORWEST BANK NEW MEXICO OF
ROSWELL ACCOUNT #2213451
P O BOX 1977
ROSWELL NM 88201-
525-54-9318

HATTYE RUTH GRIFFIN
410 S ROSELAWN AVE
ARTESIA NM 88210-
525-66-1296

RICHARD B LODEWICK
2516 LOCKHEED DRIVE
MIDLAND TX 79701-3956
525-66-2322

LAURA PATRICIA LODEWICK
511 NEWELL
DALLAS TX 75223-
525-84-4934

JOHN WIDNEY LODEWICK
3505 HENTWOOD
DALLAS TX 75225-
525-84-4935

BARBARA K DAVIDSON
P O BOX 387
LA JARA CO 81140-0387
525-88-6447

MARY J. MCWHORTER
769 CANYON ROAD
LOGAN UT 84321-4316
526-24-8433

LELA BESS BARNETTE
THE FIFTH AVENUE
500 HENDRICKSON RD., STOP 5016
SEQUIM WA 98382-
589-26-2685

LILLIAN O'HACO MCNALLY
317 SHERRILL LANE #17
ROSWELL NM 88201-
585-12-1208

YATES BROS
207 SOUTH 4TH ST
ARTESIA NM 88210-
85-0119859

RUSSELL ESTATE TRUST
ATTN: TRUST DEPARTMENT
FIRST NATIONAL BANK OF ARTESIA
P O DRAWER AA
ARTESIA NM 88210-
85-0086406

MCWHORTER FAMILY TRUST 89/2/24
BRENT & RUTH MCWHORTER, TRUSTEES
6140 E VOLTAIRE
SCOTTSDALE AZ 85254-
526-64-4301

MINERALS MANAGEMENT SERVICE
ROYALTY PROGRAM
BOX 5810, T.A.
DENVER CO 80217-
84-0848646

WILLIAM RICHARD BALLARD
11651 CALLE JAVELINA
TUCSON AZ 85748-
525-10-7129

BETTY L. PRICE MORGAN
5210 CHURUBUSCO DRIVE
SAN ANTONIO TX 78239-
525-44-5308

HELEN WATSON & JOHN T RHETT
3175 N 21ST ST
ARLINGTON VA 22201
276-36-0254

SUSAN LYNN TERRY
6112 N. MESA #216
EL PASO TX 79912
455-98-0570

WINNIE JEFFREY
304 HEATH DRIVE
RUIDOSO NM 88345
457-28-0307

MICKEY TRAVIS
1004 E TATE
BROWNFIELD TX 79316
457-92-5239

MARGARET TRAVIS
1004 E TATE
BROWNFIELD TX 79316
460-68-7698

SANDRA LEIGH TERRY
P O BOX 12617
EL PASO TX 79912
461-90-4039

EDDIE V PEOPLES
9 VICTORIAN OAKS ROAD
LOGNVIEW TX 75603
462-29-8514

BARBARA KAY CLAYTON SCOTT
9810 148TH ST CT E
PUYALLUP WA 98373
525-88-5089

CHERE JOHNSON
SOLE AND SEPARATE PROPERTY
1605 S 21ST ST
ARTESIA NM 88210
525-92-7517

JOHN DONALD CLAYTON
P O BOX 526
ARTESIA NM 88211-0526
525-98-3891

BARBARA KRUSE FRANKENFIELD
5121 BECKETT DRIVE
FLOWERS HOUND TX 75028-
585-09-6438

LEON J CLAYTON JR
2117 E LAGUNA
TEMPE AZ 85282-
585-10-1905

HIGGINS TRUST INC
C/O WILLIAM P EDWARDS
P O BOX 2421
GAINESVILLE GA 30503-
85-6009063

CHILDRESS ROYALTY COMPANY
P O BOX 66
JOPLIN MO 64801-
75-0918518

DARLA SUE SHAW
11351 TROON VISTA DRIVE
SCOTTSDALE AZ 85255-
440-36-4948

JOE A CLAYTON III
P O BOX 4190
MURFREESBORO TN 37133-
445-34-3673

LINDA NELSON
1116 ROSEBRIER
GUTHRIE OK 73044-
444-52-0292

DEVON ENERGY CORP (NEVADA)
20 N. BROADWAY, STE 1500
OKLAHOMA CITY OK 73102-8260
73-0779404

ALTURA ENERGY LTD (AMOCO)
(SUCCESSOR TO AMOCO)
P O BOX 100725
ATLANTA GA 30384-0725
76-0528603

RICHARD K DAVIDSON
P O BOX 387
LA JARA CO 81140-0387
525-84-4330

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Altura Energy Ltd.
P.O. Box 100725
Atlanta, GA 30384-0725

4a. Article Number

P 619 403 872

4b. Service Type

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

7. Date of Delivery

NOV 16 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Conrad G. & Ada J. Keyes Living Trust
Conrad G. & Ada J. Keyes, Trustees
P.O. Box 156
Ruidoso, NM 88345

4a. Article Number

P 619 403 893

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Ada J. Keyes*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Russell Estate Trust
Attn: Trust Department
First National Bank of Artesia
P.O. Drawer AA
Artesia, NM 88210

4a. Article Number

P 619 403 902

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Phillip P. Lawson*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Elizabeth T. Greene
200 E. 22nd, #12
Roswell, NM 88201

4a. Article Number

P 619 403 890

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *E. Greene*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

David W. Thorne
211 Maple St.
Brevard, NC 28712

4a. Article Number

P 619 403 915

4b. Service Type

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

7. Date of Delivery

8/19

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

David W. Thorne

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lillian O'Haco McNally
317 Sherrill Lane, #17
Roswell, NM 88201

4a. Article Number

P 619 403 912

4b. Service Type

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

7. Date of Delivery

8/13/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Lillian O'Haco McNally

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles R. Collins
1404 Farrington Drive
Knoxville, TN 37923

4a. Article Number

P 619 403 860

4b. Service Type

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

7. Date of Delivery

8/13/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Charles R. Collins

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

PS F

receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Hattye Ruth Griffin
410 S. Roselawn Ave.
Artesia, NM 88210

4a. Article Number

P 619 403 888

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

HATTYE RUTH GRIFFIN

6. Signature: (Addressee or Agent)

Hattye Ruth Griffin

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

John Donald Clayton
P.O. Box 526
Artesia, NM 88211-0526

4a. Article Number

P 619 403 873

4b. Service Type

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

7. Date of Delivery

8-19-97

5. Received By: (Print Name)

John Clayton

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
 - ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Susan Labunski
931 W. Stonehedge Drive
Addison, IL 60101-3172

4a. Article Number

P 619 403 862

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

Susan Labunski

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Barbara Kay Clayton Scott
9819 148th St. Ct. E.
Puyallup, WA 98373

4a. Article Number

P 619 403 874

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Barbara Kay Scott

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Conrad G. & Ada J. Keyes Living Trust
Conrad G. & Ada J. Keyes, Trustees
P.O. Box 156
Ruidoso, NM 88345

4a. Article Number

P 619 403 837

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Ada J. Keyes

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Linda P. Skinner
7826 Caruth Ct.
Dallas, TX 75225

4a. Article Number

P 619 403 854

4b. Service Type

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

7. Date of Delivery

8-22-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Linda P. Skinner

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Mickey Travis
1004 E. Tate
Brownfield, TX 79316

4a. Article Number

P 619 403 876

4b. Service Type

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

7. Date of Delivery

8-21-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Mickey Travis*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Yates Bros.
207 South 4th St.
Artesia, NM 88210

4a. Article Number

P 619 403 897

4b. Service Type

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

7. Date of Delivery

8-22-97

5. Received By: (Print Name)

JOANN GRIGGS

6. Signature: (Addressee or Agent)

X *Jo Ann Griggs*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Donald L. Clark
P.O. Box 191407
Dallas, TX 75219-1407

4a. Article Number

P 619 403 853

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *D. Sparkman*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: James Hubert 3209 Dublin Ln. Louisville, KY 40206	4a. Article Number P 619 403 864	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 8-20-97	
5. Received By: (Print Name) KRISTEN L. HUBERT	8. Addressee's Address (Only if requested and fee is paid) AS ABOVE	
6. Signature: (Addressee or Agent) X Kristen L. Hubert		
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's 2. <input type="checkbox"/> Restricted Consult postmaster
3. Article Addressed to: LaRue M. White 1776 Larch Avenue, #303 Cincinnati, OH 45224	4a. Article Number P 619 403 892	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 8/18/97	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X LaRue M. White		
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Ret

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Larue M. White 1776 Larch Avenue, #303 Cincinnati, OH 45224	4a. Article Number P 619 403 843	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	7. Date of Delivery 8/18/97	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Larue M. White		
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Margaret Travis
1004 E. Tate
Brownfield, TX 79316

4a. Article Number

P 619 403 871

4b. Service Type

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

7. Date of Delivery

8-21-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Margaret Travis*

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Richard B. Lodewick
2516 Lockheed Drive
Midland, TX 79701-3956

4a. Article Number

P 619 403 881

4b. Service Type

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

7. Date of Delivery

8-21-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *R. B. Lodewick*

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Kathryn Beach
2301 Bennett Road
Lafayette, IN 47905

4a. Article Number

P 619 403 863

4b. Service Type

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

7. Date of Delivery

8/18/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Kathryn Beach*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Joan A. Hudson
8053 San Vista Circle
Naples, FL 33942

4a. Article Number

P 619 403 847

4b. Service Type

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

7. Date of Delivery

8/19/94

5. Received By: (Print Name)

ET

6. Signature: (Addressee or Agent)

X Joan Hudson

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

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Lela Bess Barnette
The Fifth Avenue
500 Hendrickson Rd., Stop 5016
Sequim, WA 98382

4a. Article Number

P 619 403 907

4b. Service Type

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

7. Date of Delivery

8/19/92

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X B. T. M. E. S.

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

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Joan A. Hudson
8053 San Vista Circle
Naples, FL 33942

4a. Article Number

P 619 403 832

4b. Service Type

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

7. Date of Delivery

8/20/94

5. Received By: (Print Name)

ET

6. Signature: (Addressee or Agent)

X Joan Hudson

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

William H. Collins
6542 Nine Mile Azle Road
Ft. Worth, TX 76135

4a. Article Number

P 619 403 848

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

William H. Collins

6. Signature: (Addressee or Agent)

X William H. Collins

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Vera Polk Life Estate
Connie Boelkes, Trustee for Zachary
Allen Boelkes, a Minor
1715 South Gary Ave.
Tulsa, OK 74104

4a. Article Number

P 619 403 899

4b. Service Type

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

7. Date of Delivery

8/19/97

5. Received By: (Print Name)

Vera Polk

6. Signature: (Addressee or Agent)

X Vera Polk

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Jane Ann Hudson Davis
Box 2660
Ruidoso, NM 88345-2660

4a. Article Number

P 619 403 838

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

Jane Ann Davis

6. Signature: (Addressee or Agent)

X Jane Ann Davis

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

PS Form 3811, December 1994

Domestic Return Receipt

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Winnie Jeffrey
304 Heath Drive
Ruidoso, NM 88345

4a. Article Number

P 619 403 877

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Winnie Jeffrey

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

PS Form 3811, December 1994

Domestic Return Receipt

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Helen Watson & John T. Rhett
3175 N. 21st St.
Arlington, VA 22201

4a. Article Number

P 619 403 878

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

Helen W. Rhett

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

James T. Coppedge
79 W. Morgan
Spencer, IN 47460

4a. Article Number

P 619 403 901

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X James T. Coppedge

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Marjorie Meyer
680 S. Alton Way, Apt. 5-B
Denver, CO 80231

4a. Article Number

P 619 403 889

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Marjorie Meyer

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

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Jane Ann Hudson Davis
Box 2660
Ruidoso, NM 88345-2660

4a. Article Number

P 619 403 857

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Jane Davis

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

PS Form 3811, December 1994

Domestic Return Receipt

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Michael H. Moore
P.O. Box 3389
Sherman, TX 75091

4a. Article Number

P 619 403 894

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Tom H. Moore

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Jane Ellen Moore
P.O. Box 3389
Sherman, TX 75090

4a. Article Number

P 619 403 896

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Jane Ellen Moore*

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Higgins Trust Inc.
c/o William P. Edwards
P.O. Box 2421
Gainesville, GA 30503

4a. Article Number

P 619 403 909

4b. Service Type

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

7. Date of Delivery
AUG 18 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Kathleen Edwards*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

John W. Hubert
430 Swan
St. Louis, MO 63119

4a. Article Number

P 619 403 865

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *John W. Hubert*

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

John E. Thorne
3700 S. Lindbergh Blvd.
St. Louis, MO 63127-3980

4a. Article Number

P 619 403 906

4b. Service Type

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

7. Date of Delivery

8-18-97 *Delivered*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

☒ *A. Mann*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

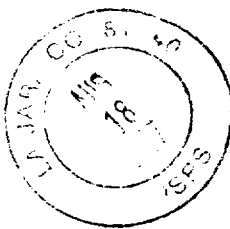
I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

Richard K. Davidson
P.O. Box 387
La Jara, CO 81140-0387



4a. Article Number

P 619 403 867

4b. Service Type

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

7. Date of Delivery

8-18-97 *RLR*

5. Received By: (Print Name)

Janet Davidson

6. Signature: (Addressee or Agent)

☒ *Janet Davidson*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

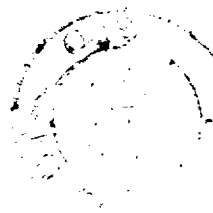
I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

Mary J. McWhorter
769 Canyon Road
Logan, UT 84321-4316



4a. Article Number

P 619 403 908

4b. Service Type

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

7. Date of Delivery

8-18-97 *RLR*

5. Received By: (Print Name)

M. McWhorter

6. Signature: (Addressee or Agent)

☒ *M. McWhorter*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Chere Johnson
1605 S. 21st St.
Artesia, NM 88210

4a. Article Number

P 619 403 869

4b. Service Type

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

7. Date of Delivery

8-18

5. Received By: (Print Name)

Chere Johnson

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

6. S

PS

Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Barbara K. Davidson
P.O. Box 387
La Jara, CO 81140-0387

4a. Article Number

P 619 403 916

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

JANET DAVIDSON

6. Signature: (Addressee or Agent)

Janet Davidson

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Susan Lynn Terry
6112 N. Mesa, #216
El Paso, TX 79912

4a. Article Number

P 619 403 884

4b. Service Type

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

7. Date of Delivery

16 AUG 1997

5. Received By: (Print Name)

6. S

PS

Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, CO 80217

4a. Article Number

P 619 403 845

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

CORPORATE EXPRESS DELIVERY SYSTEMS

Agent for Mineral Management Service

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Minerals Management Service
Royalty Program
Box 5810, T.A.
Denver, CO 80217

4a. Article Number

P 619 403 833

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

CORPORATE EXPRESS DELIVERY SYSTEMS

Agent for Mineral Management Service

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Janice Gettys
803 S. Stratton St.
Decatur, TX 76234

4a. Article Number

P 619 403 883

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Janice M. Gettys

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Hatty Ruth Griffin
410 S. Roselawn Ave.
Artesia, NM 88210

4a. Article Number

P 619 403 841

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

HATTY RUTH GRIFFIN

6. Signature

X

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

PS Form

Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Claire Collins
3257 Rogers Ave.
Ft. Worth, TX 76109

4a. Article Number

P 619 403 850

4b. Service Type

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

7. Date of Delivery

18 August 1997

5. Received By: (Print Name)

CLAIRE COLLINS

6. Signature: (Addressee or Agent)

X

Claire Collins

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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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:

David W. & I. Faye Cromwell
2819 Shandon
Midland, TX 79705

4a. Article Number

P 619 403 855

4b. Service Type

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

7. Date of Delivery

AUG 19 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

D. W. Cromwell

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate of Helen Henson
1742 Catlin Drive
Fairfield, CA 94533

4a. Article Number

P 619 403 844

4b. Service Type

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

7. Date of Delivery

8-20-93

5. Received By: (Print Name)

LISA LUIZ

6. Signature (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate of Helen Henson
1742 Catlin Drive
Fairfield, CA 94533

4a. Article Number

P 619 403 914

4b. Service Type

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

7. Date of Delivery

8-22-93

5. Received By: (Print Name)

LISA LUIZ

6. Signature (Addressee or Agent)

X [Signature]

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Davis A. Coppedge
466 Goodwin Dr.
Richardson, TX 75081

4a. Article Number

P 619 403 904

4b. Service Type

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

7. Date of Delivery

8-19-97

5. Received By: (Print Name)

[Signature]

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert Hubert
20218 N.E. 163rd Street
Woodinville, WA 98072

4a. Article Number

P 619 403 861

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

ROBERT P. HUBERT

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sandra Leigh Terry
P.O. Box 12617
El Paso, TX 79912

4a. Article Number

P 619 403 875

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

SANDRA TERRY

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

McWhorter Family Trust
Brent & Ruth McWhorter, Trustees
6140 E. Voltaire
Scottsdale, AZ 85254

4a. Article Number

P 619 403 880

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Laura Patricia Lodewick
511 Newell
Dallas, TX 75223

4a. Article Number

P 619 403 887

4b. Service Type

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

7. Date of Delivery

8/16/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Laura Patricia Lodewick*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Alleene C. Graves
2381 Ridgmar Plaza
Ft. Worth, TX 76116

4a. Article Number

P 619 403 839

4b. Service Type

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

7. Date of Delivery

8/10/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Alleene C. Graves*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Linda Nelson
1116 Rosebrier
Guthrie, OK 73044

4a. Article Number

P 619 403 895

4b. Service Type

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

7. Date of Delivery

8/14/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Linda Nelson*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Charlotte Ann Pier
4349 Bellaire Dr., Suite 129
Ft. Worth, TX 76109

4a. Article Number

P 619 403 858

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Charlotte Ann Pier

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Charles M. Pier
4004 Sanguinet St.
Ft. Worth, TX 76107

4a. Article Number

P 619 403 851

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Charles M. Pier

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

M. Craig Clark, Inc.
500 W. Texas, Suite 1175
Midland, TX 79701

4a. Article Number

P 619 403 856

4b. Service Type

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

7. Date of Delivery

6-18-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X M. Craig Clark

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Ann D. Allison
P.O. Box 64035
Lubbock, TX 79464

4a. Article Number

P 619 403 918

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Edith C. Wheeler
P.O. Box 64035
Lubbock, TX 79464

4a. Article Number

P 619 403 910

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

- Complete items 1 and/or 2 for additional services.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Janice Gettys
803 S. Stratton St.
Decatur, TX 76234

4a. Article Number

P 619 403 836

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: David H. Arrington P.O. Box 2071 Midland, TX 79702	4a. Article Number P 619 403 900	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery	
6. Signature: (Addressee or Agent) X <i>Harold Kinsey</i>	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

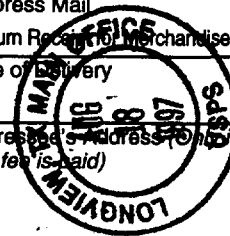


Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Eddie V. Peoples 9 Victorian Oaks Road Longview, TX 75603	4a. Article Number P 619 403 870	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery	
6. Signature: (Addressee or Agent) X <i>Mrs. Eddie V. Peoples</i>	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Charlotte Daugirda 10215 Huntington Wood Drive Houston, TX 77099	4a. Article Number P 619 403 859	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery AUG 16 1994	
6. Signature: (Addressee or Agent) X <i>Charlotte Daugirda</i>	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marjorie Meyer
680 S. Alton Way, Apt. 5-B
Denver, CO 80231

4a. Article Number

P 619 403 842

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Marjorie Meyer

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate of Adrienne Gans Simon
c/o William D. Ratliff, Jr., Executor
500 Throckmorton, Suite 1600
Ft. Worth, TX 76102

4a. Article Number

P 619 403 846

4b. Service Type

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

7. Date of Delivery

AUG 18 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lela Bess Barnette
The Fifth Avenue
500 Hendrickson Road, Stop 5016
Sequim, WA 98382

4a. Article Number

P 619 403 840

4b. Service Type

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

7. Date of Delivery

8/19/97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Lela Bess Barnette

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Jane Thorne Ronca
11805 La Charles Ave. NE
Albuquerque, NM 87111

4a. Article Number

P 619 403 898

4b. Service Type

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

7. Date of Delivery

AUG 19 1997

5. Received By: (Print Name)

X SAMUELA WASHBURN

6. Signature: (Addressee or Agent)

X Samuel A Washburn

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Higgins Trust Inc.
c/o William P. Edwards
P.O. Box 2421
Gainesville, GA 30503

4a. Article Number

P 619 403 849

4b. Service Type

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

7. Date of Delivery

AUG 18 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Kathleen Edwards

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

William Richard Ballard
11651 Calle Javelina
Tucson, AZ 85748

4a. Article Number

P 619 403 879

4b. Service Type

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

7. Date of Delivery

16 Aug 97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

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

Same #3

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Minerals Management Service
Royalty Program
Box 3810, T.A.
Denver, CO 80217

4a. Article Number

P 619 403 886

4b. Service Type

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

7. Date of Delivery

DEC 1 1994

5. Received By: (Print Name)

Agent for Mineral Management Service

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Joni Susan Grasso
11 Ocean Ridge
Laguna Niquel, CA 92677

4a. Article Number

P 619 403 866

4b. Service Type

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

7. Date of Delivery

8/10/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Barbara K. Davidson
P.O. Box 387
La Jara, CO 81140-0387

4a. Article Number

P 619 403 834

4b. Service Type

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

7. Date of Delivery

8-18-97

5. Received By: (Print Name)

Barbara K. Davidson

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John Widney Lodewick
3305 Wentwood
Dallas, TX 75225

4a. Article Number

P 619 403 911

4b. Service Type

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

7. Date of Delivery

8-20-97

5. Received By: (Print Name)

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

8-20-97

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3814, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Childress Royalty Company
P.O. Box 66
Joplin, MO 64801

4a. Article Number

P 619 403 913

4b. Service Type

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

7. Date of Delivery

8-19-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Altura Energy, Ltd.
P.O. Box 100725
Atlanta, GA 30384-0725

4a. Article Number

P 619 403 831

4b. Service Type

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

7. Date of Delivery

AUG 18 1997

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.