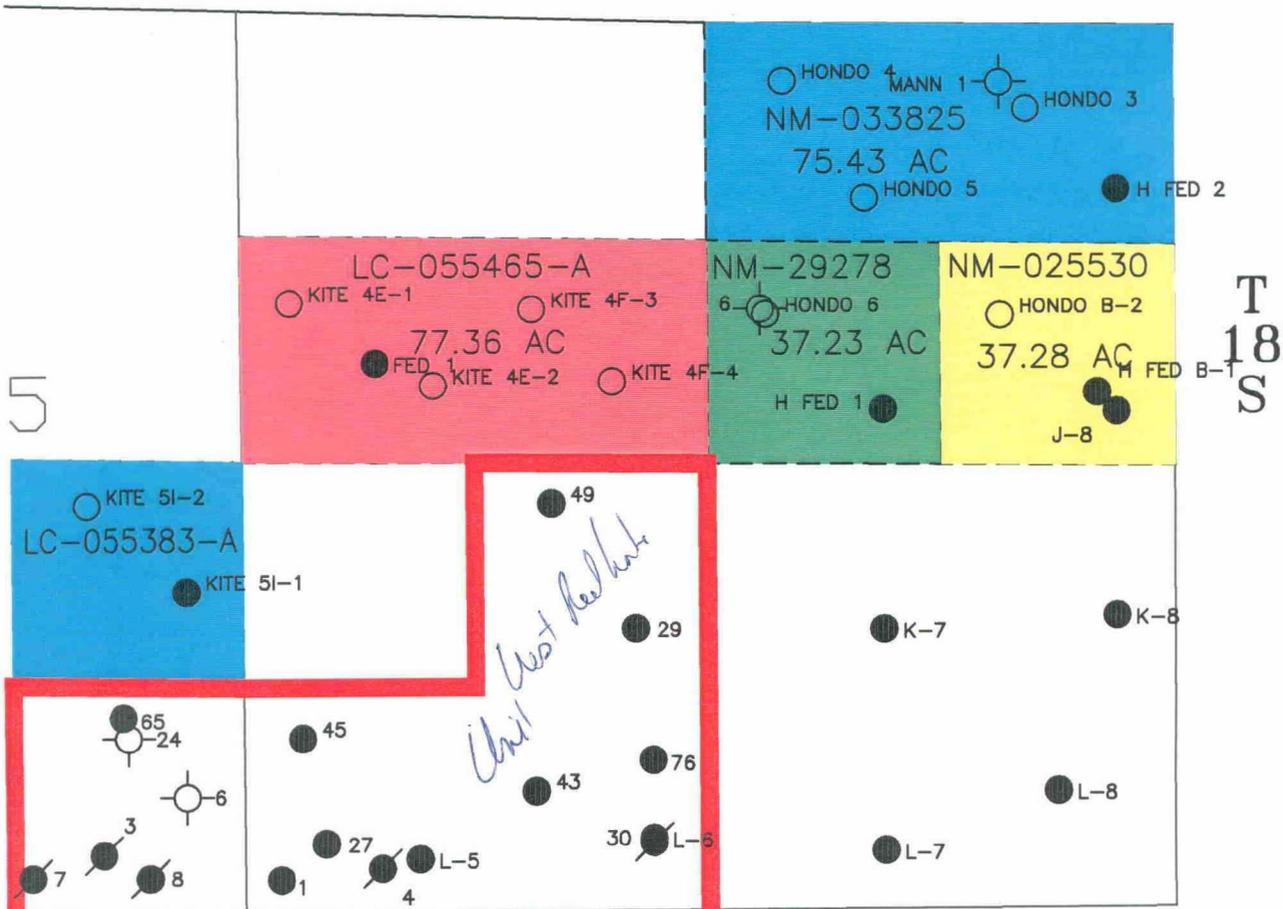






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NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT IC

CASE NO. 11847



**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 9/96

KITE-HDO	

16:27:01

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

PROPERTY DECK MO/YR OWNER SA BUNDEEN MAKE

42302-002 AA 10/96 BANK '8J' FEDERAL #2

53612

MASTER DECK ONLY

MINERALS MANAGEMENT SERVICE  
ROYALTY PROGRAM  
BOX 3810, T.A.  
DENVER  
84-0848646

BOYD CLARK INT  
900 W TEXAS, STE 1A  
DALLAS TX 75201  
75-2592148

DAVID W & J FATE CROWELL  
2810 SHADON  
HIGHLAND TX 79705  
23-24-8195

LINDA P SKINNER  
7828 CAROLYN CT  
DALLAS TX 75225  
27-26-6866

RONALD L EARRS  
P O BOX 191407  
DALLAS TX 75219-1407  
44-34-9430

DEVON ENERGY CORP (NEVADA)  
96 W BROADWAY, STE 1400  
OKLAHOMA CITY, OK 73102-8260  
75-0779404

TOTAL: INFT. INT: 1.000000000 REC.V. INT: 1.000000000

NM 89156

ANNELED_D	LAST DATE CHANGED	LEASE INTEREST	7/21/97
10/16/96	10/16/96	.12500000	.12500000
10/16/96	10/16/96	.02083330	.02083330
10/16/96	10/16/96	.02083330	.02083330
10/16/96	10/16/96	.01041670	.01041670
10/16/96	10/16/96	.01041670	.01041670
10/16/96	10/16/96	.81250000	.81250000
LSE. INT:	LSE. INT:	1.000000000	1.000000000

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT **2A**

CASE NO. **11845**

42385-004 AA

PROPERTY DECK NO/YR  
OWNER SO BURDEN  
42385-004 AA 08/96 HAWK '80' FEDERAL #4  
28071

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

PROPERTY NAME  
KONEL SUSAN GRASSO  
11 DEAN BLVD  
LAGUNA HILLS CA 92677

28752 JOHN H MUBERT  
430 SHAW  
ST LOUIS MO 63119

28753 JAMES MUBERT  
3209 DUBLIN LN  
LOUISVILLE KY 40206

28754 KATHRYN BEACH  
5210 WENETT ROAD IN 47905  
LAFAYETTE  
308-54-3243

28755 SUSAN LABUNSKI  
9310 STONERIDGE DRIVE IL 60101-3172  
ADDISON  
308-54-3253

28756 CHARLOTTE COLEMAN  
1304 GREAT OAK DR PA 15220-  
PILITUSBURG  
308-54-3255

28757 ROBERT MUBERT  
6000 W 163RD STREET  
CADDOKVILLE MO 64072-  
308-54-3255

36292 CHARLES N PIER  
2002 SAMOUILLET ST TX 76107-  
FORT WORTH  
818-72-1027

36573 CHARLES R COLLINS  
1404 FARMINGTON DRIVE TN 37923-  
KNOXVILLE  
438-06-2867

36713 CLAIRE COLLINS  
1227 ROGERS AVE. TX 76109-  
FORT WORTH  
818-70-4098

36781 CHARLOTTE DAUGERDA  
10311 HUNTINGTON WOOD DRIVE  
MORTON TX 76066-  
683-70-4099

37189 WILLIAM H COLLINS  
6542 NINE MILE AZLE ROAD  
FORT WORTH TX 76135-  
683-72-4384

ANWELER\_D  
7/21/97

LAST DATE  
CHANGED

9/30/96

9/30/96

9/30/96

9/30/96

10/07/96

10/16/96

11/19/96

9/30/96

9/30/96

9/30/96

9/30/96

BT

CD

LC 070678-A  
NM 29273

10:30:47

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

7/21/97

LC 070678-A  
NM 29273

PROPERTY DECK NO/YR	OWNER SO	PROPERTY NAME	DESCRIPTION	INTEREST	TYPE	STAT	EX	EL	CR	CD	BY	PI	ED	LAST RATE CHANGED	LEASE INTEREST	
42385-004 RA	08/96	HANK 'BK' FEDERAL #4	MASTER DECK ONLY	.00100000	3-ORR	PA								9/30/96	.001000000	
40632		CHARLOTTE ANN RIER	3428 BELLAIR DR, S. #129													
		11011	11011													
		466-46-3961														
43532		JOHN A HUDSON	8053 SAN VISTA CIR FL 33942	.00574218	3-ORR	SD								9/30/96	.00574218	
		MALES														
		525-58-5770														
45163		JANE ANN HUDSON DAVIS	BOX 2880	.03445313	3-ORR	SD								9/30/96	.03445313	
		BUJDOSS														
		583-18-8796														
46806		ESTATE OF ADRIENNE GANS SIMON	109 WILLOW	.01125000	3-ORR	PA								9/30/96	.01125000	
		CLAYTON														
		516														
		2001														
		453-22-3034														
50649		HIGGINS TRUST INC	170 WILLIAM P EDWARDS	.01406250	3-ORR	PA								9/30/96	.01406250	
		P O BOX 221														
		GAIMESVILLE														
		85-0004683														
53612		MINERALS MANAGEMENT SERVICE	ROYALTY PROGRAM	.12500000	2-ROY	GA								9/30/96	.125000000	
		BOX 5810, I.A.														
		DENVER														
		84-0848646														
999001		DEVON ENERGY CORP (NEVADA)	20 N. BROADWAY, STE 1300	.75000000	1-UI	CO								9/30/96	.750000000	
		OKLAHOMA CITY, OK														
		73-0779404														
999001		DEVON ENERGY CORP (NEVADA)	20 N. BROADWAY, STE 1300	.05000000	3-ORR	CO								9/30/96	.050000000	
		OKLAHOMA CITY, OK														
		73-0779404														
														TOTAL: INF. INT: 1.00000000	REC.V. INT: 1.00000000	LSE. INT: 1.00000000

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

ANNULSED\_D 9/02/97

PROPERTY DECK MO/YR 06/97 BANK 17C FEDERAL 1  
OWNER SQ BURDEN NAME

LEASE INTEREST

42880-001 AA 06/97 BANK 17C FEDERAL 1 MASTER DECK ONLY

8/20/97 .12500000

MINERALS MANAGEMENT SERVICE  
ROYALTY PROGRAM  
BOX 5010, T.A.  
DENVER CO 80217  
84-0848646

8/20/97 .82500000

DEVON ENERGY CORP (NEVADA)  
20 N. BROADWAY, STE 1500  
OKLAHOMA CITY OK 73102-0260  
73-0779404

8/20/97 .05000000

DEVON ENERGY CORP (NEVADA)  
20 N. BROADWAY, STE 1500  
OKLAHOMA CITY OK 73102-0260  
73-0779404

LEASE INT: 1.00000000

TOTAL: INMT. INT: 1.00000000 RECV. INT: 1.00000000

LEASE INT: 1.00000000

NM 0758

WEL876  
7/21/97

PROPERTY DECK NO/YR 42386-006 AA 10/96 HANK DEY FEDERAL #6 40145  
OWNER SO BUNDEN  
DEI (00) DEVON ENERGY CORP. (NEVADA)  
REVENUE DIVISION ORDER PRINT REQUEST

PROPERTY NAME: ALLEENE J. GRAVES  
DESCRIPTION: 281 MADONNA PLAZA  
FOUNTAIN VALLEY TX 76116  
484-09-2045  
MASTER DECK ONLY  
PAY TYPE: 3-ORR SD  
STAT: SD  
EX RATE: PY CD  
LAST RATE CHANGED: 10/30/96  
INTEREST: .02000000  
INFT. INT: 1.00000000  
RECV. INT: 1.00000000

PROPERTY NAME: JOAN A HUDSON  
DESCRIPTION: 1001 S SAN VISTA CIR  
HOUSTON TX 77042  
282-68-5770  
PAY TYPE: 3-ORR PA  
STAT: PA  
EX RATE: PY CD  
LAST RATE CHANGED: 11/04/96  
INTEREST: .02000000  
INFT. INT: 1.00000000  
RECV. INT: 1.00000000

PROPERTY NAME: JANE ANN HUDSON DAVIS  
DESCRIPTION: 8011 WOODS RD  
BUDDISO MN 88345-2660  
585-78-8796  
PAY TYPE: 3-ORR SD  
STAT: SD  
EX RATE: PY CD  
LAST RATE CHANGED: 10/30/96  
INTEREST: .08500000  
INFT. INT: 1.00000000  
RECV. INT: 1.00000000

PROPERTY NAME: MINERALS MANAGEMENT SERVICE  
DESCRIPTION: ROYALTY PROGRAM  
BOX 2810, T.A.  
DENVER CO 80217-  
86-086-6646  
PAY TYPE: 2-ROY GA  
STAT: GA  
EX RATE: PY CD  
LAST RATE CHANGED: 10/30/96  
INTEREST: .12500000  
INFT. INT: 1.00000000  
RECV. INT: 1.00000000

PROPERTY NAME: DEVON ENERGY CORP (NEVADA)  
DESCRIPTION: 200 N BROADWAY, STE 1100  
OKLAHOMA CITY OK 73102-8260  
93-099-8404  
PAY TYPE: 1-WJ CO  
STAT: CO  
EX RATE: PY CD  
LAST RATE CHANGED: 10/30/96  
INTEREST: .75000000  
INFT. INT: 1.00000000  
RECV. INT: 1.00000000

AMMELER\_D

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT **2B**  
CASE NO. **11846**

10:41:48

018

PROPERTY DECK NO/78

OWNER SO BURDEN

42415-001 AA 12/96 HAWK '9A' FEDERAL 1

53612

MINERALS MANAGEMENT SERVICE

ROYAL PROGRAM

BOX 5010, T.A.

DENVER

CO 80217

82-0848646

ALTURA ENERGY LTD (AMOCO)

SUCCESSOR TO AMOCO

P O BOX 100725

ATLANTA

GA 30384-0725

76-0528603

DEVON ENERGY CORP (NEVADA)

50 W BROADWAY, STE 1500

OKLAHOMA CITY, OK 73102-8260

75-0779404

DEVON ENERGY CORP (NEVADA)

20 W BROADWAY, STE 1500

OKLAHOMA CITY, OK 73102-8260

75-0779404

TOTAL: INFT. INT: 1.00000000

REC.V. INT: 1.00000000

USE. INT: 1.00000000

ANNELEER\_D

LAST DATE

CHANGED

2/06/97

BY

BT

CD

EX

CR

EL

STAT

TYPE

2-ROY

GA

INTEREST

.12500000

INFT. INT:

.41250000

REC.V. INT:

.41250000

USE. INT:

.05000000

1.00000000

7/21/97

INTEREST

-.12500000

-.41250000

-.41250000

-.05000000

1.00000000

NM 025604

012

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

PROPERTY DECK NO/TR OWNER 80 BURDEN NAME

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

PROPERTY DECK NO/TR OWNER 80 BURDEN NAME

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

PROPERTY NAME DESCRIPTION INFLATED INTEREST TYPE PAY STAT HI NP BY RT CD LAST DATE CHANGED

MASTER DECK ONLY .00262500 3-ORR SD 6/23/97

ESTATE OF HELEN NEWSON 1742 CATLIN DRIVE FAIRFIELD CA 94533 525-16-3548

39787 CONRAD G. & ADA J. KEYS, LIVING TRUST CONRAD G. & ADA J. KEYS, TRUSTERS P. O. BOX 156 RUIDOSO NM 88345 525-16-8892

41313 LARUE M WHITE LEAPALIC-BELWOOD 1746 LAKE AVENUE #303 CLACKAMASH OR 97030 484-38-4701

43448 JANICE GETTYS 883 S STRATTON ST DECATUR TX 76234 525-38-4371

43472 MARJORIE MEYER 680 S ALTON WY, APT 5-B DENVER CO 80231 525-44-6888

43494 ROBERT GRANT KEYS C/O NORWEST BANK NEW MEXICO OF ROSWELL ACCOUNT #221J451 P O BOX 1377 ROSWELL NM 88201 525-54-9318

43522 HATTIE RUTH GRIFFIN 410 S ROSELAWN AVE ARPSIA MN 56210 525-66-1296

43587 BARBARA K DAVIDSON P O BOX 387 LA JARA CO 81140-0387 525-88-6447

44854 LELA BRESS BARNETTE THE FIFTH AVENUE 300 HEMERICKSON RD., STOP 5016 SQUOIA WA 98382-5897 509-26-2685

53612 MINERALS MANAGEMENT SERVICE ROYALTY PROGRAM BOX 5810, T.A. DENVER CO 80217-84-084848

APPRER\_D 1 9/02/97 LEASE INTEREST

00262500 .00262500 .00328125 .00262500 .00328125 .00328125 .00262500 .00328125 .00262500 .00164063 .00262500 .12500000 2-ROY GA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

00262500 .00328125 .00262500 .00328125 3-ORR PA 2-ROY GA

SD PA PA

6/23/97 7/15/97 7/09/97 7/07/97 7/15/97 7/15/97 8/12/97 7/07/97 6/23/97

LC065478-B

WELLS70  
13:58:05

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

PROPERTY DECE NO/78  
OWNER SO BURDEN NAME

PROPERTY NAME  
DESCRIPTION  
INTEREST TYPE

PAY STAFF CL CRT CD  
EX NP BY RT  
LAST DATE CHANGED

AMBIER\_D  
9/02/97  
LEASE INTEREST

42478-017 BA 05/97 BANK '90' FEDERAL 17  
57461  
ALURA ENERGY LTD  
(SUCCESSOR TO AMOCO)  
P O BOX 100725  
ATLANTA GA 30384-0725  
76-0528603

57507  
RICHARD K DAVIDSON  
P O BOX 387  
LA JARA CO 81140-0387  
525-84-4330

999001  
DEVON ENERGY CORP (NEVADA)  
20 W. ROADWAY, STE 1500  
OKLAHOMA CITY OK 73102-8260  
73-6779404

MASTER DECK ONLY  
.42437500 1-WI PA  
.00164062 3-DRR PA  
.42437500 1-WI CO

RECV. INT: 1.00000000  
RECV. INT: 1.00000000  
RECV. INT: 1.00000000

7/08/97 .42437500  
8/12/97 .00164062  
6/23/97 .42437500

LSR. INT: 1.00000000

LC065478-B

ANNELER_D	7/21/97	LEASE INTEREST	ANNELER_D	7/21/97	LEASE INTEREST
ANN D ALLISON P O BOX 84035 LUBBOCK TX 79466 58-5225493	11/18/96	.00058600	PA	11/18/96	.00058600
EDITH C WHEELER P O BOX 84035 LUBBOCK TX 79466 480-20-5004	7/09/97	.00058600	PA	7/09/97	.00058600
DAVID H THORNE 685 WADLE ST RICHMOND NC 28712 073-03-3170	11/18/96	.00312500	PA	11/18/96	.00312500
ESTATE OF HELEN HENSON FAYETTE BLVD 525-56-5548	11/18/96	.00187500	SP	11/18/96	.00187500
JOHN E THORNE 3700 S LINDBERGH BLVD ST LOUIS MO 63127-3980 309-46-8009	11/18/96	.00104100	PA	11/18/96	.00104100
DAVIS A COPPEDGE 466 GOODWIN DR RICHMOND TX 75081- 449-50-9520	11/18/96	.00029300	PA	11/18/96	.00029300
JANE ELLEN MOORE P O BOX 3389 SHERMAN TX 75090- 450-78-2808	11/18/96	.00058600	PA	11/18/96	.00058600
JAMES T COPPEDGE 466 W MORGAN SHERMAN TX 75090- 253-70-7870	11/18/96	.00029300	PA	11/18/96	.00029300
MICHAEL H MOORE P O BOX 3389 SHERMAN TX 75091- 455-72-0603	11/18/96	.00058600	PA	11/18/96	.00058600
DAVID H ABRINGTON P O BOX 2071 MIDLAND TX 79702- 481-21-2845	11/18/96	.00058600	PA	11/18/96	.00058600
CONRAD G & ADA J KEYES, LIVING TRUST CONRAD G & ADA J KEYES, TRUSTEES P O BOX 136 LUBBOCK TX 79400 523-16-8892	11/18/96	.00058600	PA	11/18/96	.00058600

NM 033825  
 NM 29278  
 NM 025530

NEW MEXICO  
 OIL CONSERVATION DIVISION  
 EXHIBIT 7C  
 CASE NO. 11847

11:16:32

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

7/21/97

ANWELER\_D

LAST RATE  
CHANGED

LEASE  
INTEREST

EX RT PY  
EL RT CD

PAY STAT  
EX RT CD

INTEREST  
TYPE

DESCRIPTION

PROPERTY NAME  
OWNER SA

PROPERTY DECK NO/YR  
OWNER SA

43961-020 AG 10/96 MONDO B FEDERAL #2  
41153

41313

42271

42385

43425

43448

43472

43494

43522

43523

43570

411/18/96

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NM 039825  
NM 29278  
NM 025530

43961-020 AG 10/96

PROPERTY DECK NO/7A OWNER SO BURDEN

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

7/21/97

ANMELER\_D LAST\_DATE\_CHANGED

PROPERTY DECK NO/7A	OWNER SO	BURDEN	PROPERTY NAME	DESCRIPTION	INTEREST	TYPE	PAY	STAT	EX	HP	CR	CD	PY	RT	CD	CD	LEASE	INTEREST
43571	1099	HIDNEY	LOEHWICK	3305 VENTWOOD DALLAS TX 75225- 525-84-4935	.00156233	3-ORR	PA						11/18/96				.00156233	
43587		BARBARA X	DAVIDSON	PO BOX 387 10000 W 525-88-6447	.00146450	3-ORR	SU						4/07/97				.00146450	
43642		MARY J	MCMORTER	728 CANYON ROAD LOGAN UT 84321-4316 526-24-8433	.00058600	3-ORR	PA						11/18/96				.00058600	
44854		LELA BESS	BARNETTE	1816 FLETCHER AVENUE 500 HENDRICKSON RD SEWINGTON WA 98582- 526-26-2685	.00187500	3-ORR	PA						11/18/96				.00187500	
45134		LILLIAN D'WACO	MCMANLY	317 SHERILL LANE ROSWELL NM 88201- 585-12-1208	.00937500	3-ORR	PA						11/18/96				.00937500	
50299		YATES BROS		207 SOUTH 4TH ST ARRESTA NM 88210- 85-0119859	.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		MCMORTER FAMILY TRUST		8972/24 WENTZ RUTH MCMORTER, TRUSTEES C140 E VOLTAIRE AZ 85254- 526-64-4301	.00058600	3-ORR	PA						11/18/96				.00058600	
53612		MINERALS MANAGEMENT SERVICE		ROYAL PROGRAM BOX 10, T.A. DENVER CO 80217- 84-0848646	.12500000	2-ROY	GA						11/18/96				.12500000	
56063		WILLIAM RICHARD BALLARD		17251 CALLE JAVELINA JESON AZ 85748- 525-18-7129	.00234400	3-ORR	PA						12/09/96				.00234400	
56064		BETTY L PRICE MORGAN		5210 CURRUCO DRIVE SAN ANTONIO TX 78239- 525-44-5306	.00234400	3-ORR	PA						11/18/96				.00234400	

**NM 033825**  
**NM 29278**  
**NM 025530**

43961-020 AG 10/96 MONDO B FEDERAL #2 57461

PROPERTY DECK MO/YR	OWNER SO BURDEN	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX EC	WP CRT	PY CD	RT CD	ANNELER_D	LAST DATE CHANGED	LEASE INTEREST
43961-020 AG	10/96	MONDO B FEDERAL #2	MASTER DECK ONLY	.02500000	3-ORR	PA				4/09/97		.02500000
57507			ALTIMA ENERGY TO (M0020) SUCCESSOR TO (M0000) P O BOX 100725 ATLANTA GA 30384-0725 78-0528603	.00166450	3-ORR	PA				4/07/97		.00166450
999001			RICHARD K DAVIDSON P O BOX 387 LA JARA CO B1140-0387 95-84-4330	.75000000	1-WI	CO				11/18/96		.75000000
999001			DEVON ENERGY CORP (NEVADA) 20 N BROADWAY, STE 1500 OKLAHOMA CITY, OK 73102-8260 73-0779404	.02500000	3-ORR	CO				11/18/96		.02500000
TOTAL: IMFT. INT: 1.00000000 RECV. INT: 1.00000000 LSE. INT: 1.00000000												

AM 088825  
AM 29278  
AM 025530

42384-001 AA

DECEMBER 01 DEVOH ENERGY CORP. (NEYADA)

7/21/97

PROPERTY DECK NO/YR	OWNER SO	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX CR	HP CR	PT CD	RJ CD	LAST CHANGED	LEASE INTEREST
42384-001 AA	10/96	KITE '4E' FEDERAL #1	MASTER DECK ONLY	.00058594	3-ORR	SD				12/16/96	.00058594
928		ANN O ALLISON									
		1000 84035	TX 79464								
		28-9229493									
6417		EDITH C WHEELER		.00058594	3-ORR	PA				7/09/97	.00058594
		P O BOX 24035	TX 79464								
		LURBOR									
		260-20-5004									
24757		DAVID V THORNE		.00312500	3-ORR	PA				12/16/96	.00312500
		211 MAPLE ST	NC 28712								
		BREVARD									
		073-05-3170									
24861		ESTATE OF HELEN WENSON		.00187500	3-ORR	SD				12/16/96	.00187500
		1742 CATLIN DRIVE	CA 94533								
		LAUREL									
		525-36-3548									
28769		JOHN E THORNE		.00104167	3-ORR	PA				12/16/96	.00104167
		3700 S LINDBERGH BLVD	MD 63127-3980								
		311 LOUIS									
		309-46-8009									
36399		DAVIS A COPPEDGE		.00029296	3-ORR	PA				12/16/96	.00029296
		656 GOSHAIN DR	TX 75081-								
		216 WOODS									
		449-50-9520									
36772		JANE ELLEN MOORE		.00058594	3-ORR	SD				12/16/96	.00058594
		P O BOX 3589	TX 75090-								
		SHERMAN									
		250-78-2808									
37524		JAMES T COPPEDGE		.00029296	3-ORR	PA				12/16/96	.00029296
		76 W MORGAN	IN 47460-								
		SPENCER									
		453-70-7870									
37960		MICHAEL H MOORE		.00058594	3-ORR	PA				12/16/96	.00058594
		P O BOX 3389	TX 75091-								
		SHERMAN									
		455-72-0603									
39652		DAVID H ABBINGTON		.00058594	3-ORR	PA				12/16/96	.00058594
		P O BOX 2071	TX 79702-								
		MIDLAND									
		461-21-2845									
39787		CONRAD B & ADA J KEYES,		.00058500	3-ORR	PA				12/16/96	.00058500
		LIVING TRUST									
		CONRAD B & ADA J KEYES, TRUSTEES									
		P O BOX 156	NM 88345-								
		8010950									
		323-16-8892									

LC 055465-A





42384-001 AA

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

AMMELER\_D 7/21/97

PROPERTY DECK MO/YR 10/96 KITE '42 FEDERAL #1 57507

OWNER SQ BURDEN

PROPERTY NAME

DESCRIPTION INTEREST TYPE PAY STAT EX WP PY BT LAST DATE LEASE INTEREST

42384-001 AA 10/96 KITE '42 FEDERAL #1 57507

4/07/97 .00146625

RICHARD K DAVIDSON  
P O BOX 387  
LA JOLLA  
92037-0387

PA

.00146625

DEVON ENERGY CORP (NEVADA)  
211 W BROADWAY, STE 1100  
OKLAHOMA CITY, OK 73102-8260  
93-0779204

CO

.800000000

TOTAL: INFT. INT: 1.000000000 REC. INT: 1.000000000 LSE. INT: 1.000000000

LC053465-A

42383-002 BA

11:10:07

DEC 001 DEWEN ENERGY CORP (NEVADA)

REVENUE DIVISION ORDER PRINT REQUEST

7/21/97

PROPERTY DECK NO/YR	OWNER SQ	PROPERTY NAME	FEDERAL #2	DESCRIPTION	INTEREST	TYPE	STAT	EX	UP	BY	PI	CD	CD	AMWELER_D	LAST DATE CHANGED	LEASE INTEREST
42383-002 BA	10/96	KITE '51'	FEDERAL #2	MASTER DECK ONLY	.00515625	3-ORR	PA							12/05/96	10/31/96	.00515625
28240		HELEN WATSON & JOHN T RHEIT														
		3175 N 21ST ST														
		ARLINGTON														
		276-36-0254														
39056		SUSAN LYNN TERRY														
		6112 N MESA #216														
		EL PASO														
		435-98-0570														
39428		MINNIE JEFFREY														
		304 MEATH DRIVE														
		BUILDING														
		457-28-0307														
39564		MICKEY TRAVIS														
		1006 LAJAVE														
		88998154														
		437-92-5239														
39350		MARGARET TRAVIS														
		3006 LAJAVE														
		8806110														
		480-28-1898														
39622		SANDRA LEIGH JERRY														
		P O BOX 12817														
		EL PASO														
		461-90-4039														
39729		EDDIE V PEOPLES														
		5 VICTORIAN OAKS ROAD														
		LOOMVIEY														
		482-29-9514														
43582		BARBARA KAY CLAYTON SCOTT														
		2819 148TH ST E														
		PUJALUE														
		523-88-5089														
43609		CHERE JOHNSON														
		3006 LAJAVE														
		8806110														
		480-28-1898														
43620		JOHN DONALD CLAYTON														
		P O BOX 526														
		ARRESTA														
		593-98-3891														
45127		BARBARA KRUSE FRANKENFIELD														
		2721 BECKETT DRIVE														
		FLOWER MOUND														
		585-09-6438														

LC055383-A

42383-002 AA

PROPERTY DECK NO/FR

ANNELER\_D 7/21/97

PROPERTY DECK NO/FR	OWNER SO	PROPERTY NAME	DESCRIPTION	INFLATED INTEREST	PAY STAT	EX CRT	HP CD	PY CD	BT CD	LAST DATE CHANGED	LEASE INTEREST
42383-002 AA	10/95	KITTE '51' FEDERAL #2	MASTER DECK ONLY		PA					11/04/96	.00025000
43131		LEON J CLAYTON JR	AZ 85282-		PA					10/30/96	.01375000
50649		WIGGINS TRUST INC	GA 30503-		PA					10/30/96	.01375000
53612		MINERALS MANAGEMENT SERVICE	ROYALTY PROGRAM		GA					10/30/96	.12500000
54534		CHILDRESS ROYALTY COMPANY	MD 64801-		PA					10/30/96	.01718750
55750		BARLA SUE SHAW	AL 35255-		PA					10/30/96	.00150000
56967		JOE A CLAYTON III	TN 37133-		PA					2/10/97	.00037500
56969		LINDA NELSON	OK 73044-		PA					2/10/97	.00037500
999001		DEVON ENERGY CORP (NEVADA)	20 N BROADWAY STE 1500		CO					10/30/96	.80000000

TOTAL: IMFT. INT: 1.00000000 REC.V. INT: 1.00000000 LSE. INT: 1.00000000

LC056783A

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. 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
<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:

- Hawk "8J" Federal #1
- Hawk "8J" Federal #2
- Hawk "8K" Federal #3
- Hawk "8K" Federal #4
- Hawk "8L" Federal #5
- Hawk "8L" Federal #6
- Hawk "8N" Federal #7
- Hawk "8N" Federal #8
- Hawk "8O" Federal #9
- Hawk "8O" Federal #10
- Hawk "8P" Federal #11
- Hawk "8P" Federal #12

NEW MEXICO  
OIL CONSERVATION DIVISION  
EXHIBIT **3A**  
**11845**  
CASE NO.

RECEIVED  
SEP 21 1 49 PM '96  
OIL CONSERVATION DIVISION

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

Signed E. L. Buttross, Jr. Title District Engineer Date 9/25/96

Approved by David R. Glass Title PETROLEUM ENGINEER Date SEP 30 1996

FOR APPROVAL

RECEIVED

# 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	<b>COMPLETING. TEST TO FOLLOW.</b>		
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	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "8N" Federal #7	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "8N" Federal #8	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "8O" Federal #9	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "8O" Federal #10	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		

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 <sup>N2/4SW/4</sup> ~~1977-6274~~ 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.

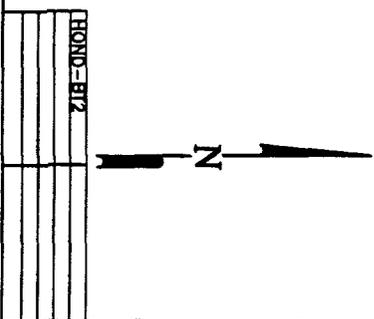
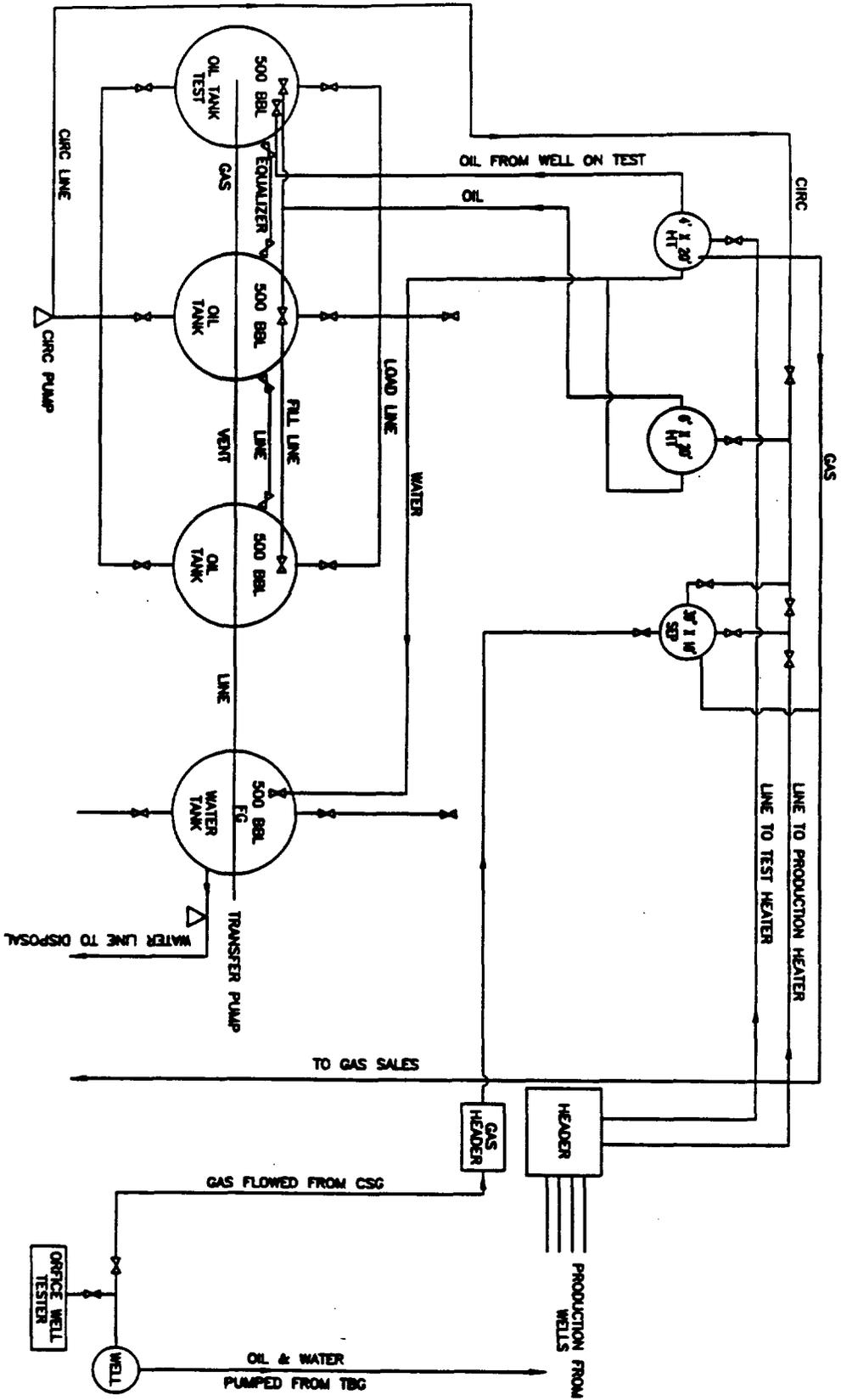
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

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



**Devco**  
**RED LAKE AREA**  
 EDDY COUNTY, NEW MEXICO

**EXHIBIT # 1**

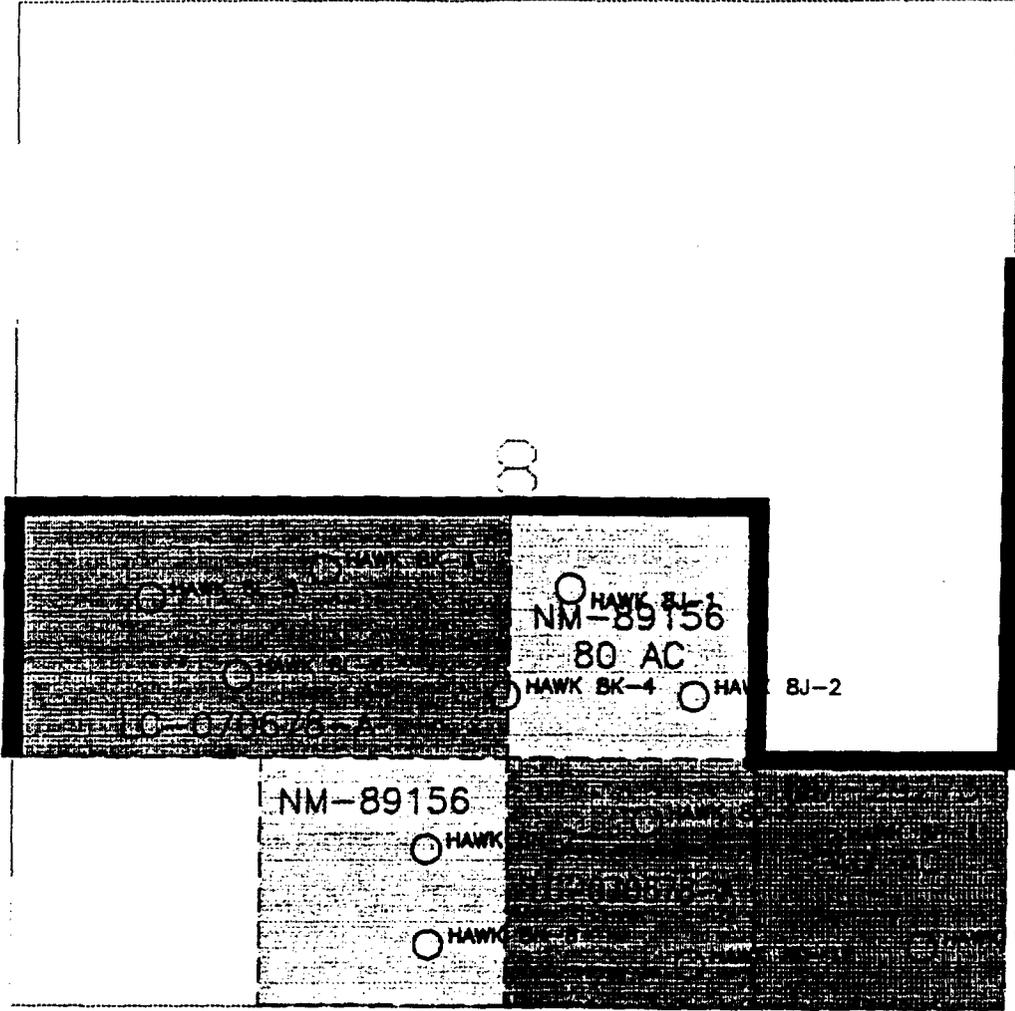
**HAWK "8" FEDERAL BATTERY**  
 FLOW DIAGRAM  
 ULK, SEC. 9, T18S, R27E

F. CORNELL

9/68

R 27 E

T  
18  
S



NM 0758

*devon*

**RED LAKE FIELD**  
EDDY COUNTY, NEW MEXICO

LEASE MAP  
**HAWK 8 FEDERAL**  
**EXHIBIT II**



HWK8FED	

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
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 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

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

Signed E.L. Buttross, Jr. Title District Engineer Date July 2, 1997  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Conditions of approval, if any:

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 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 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>MCFPD</u>
Hawk "17C" Federal #1	<b>COMPLETING, TEST TO FOLLOW</b>		
Hawk "17C" Federal #2	<b>TO BE DRILLED, TEST TO FOLLOW</b>		

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 1/4~~ Section 8, T18S, R27E on lease ~~No. NM-031186~~ *LC 07067A*, 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.

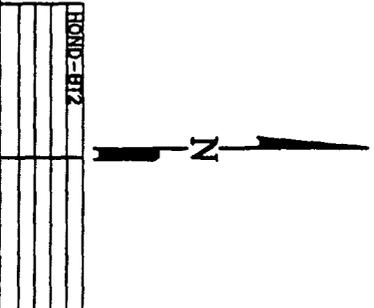
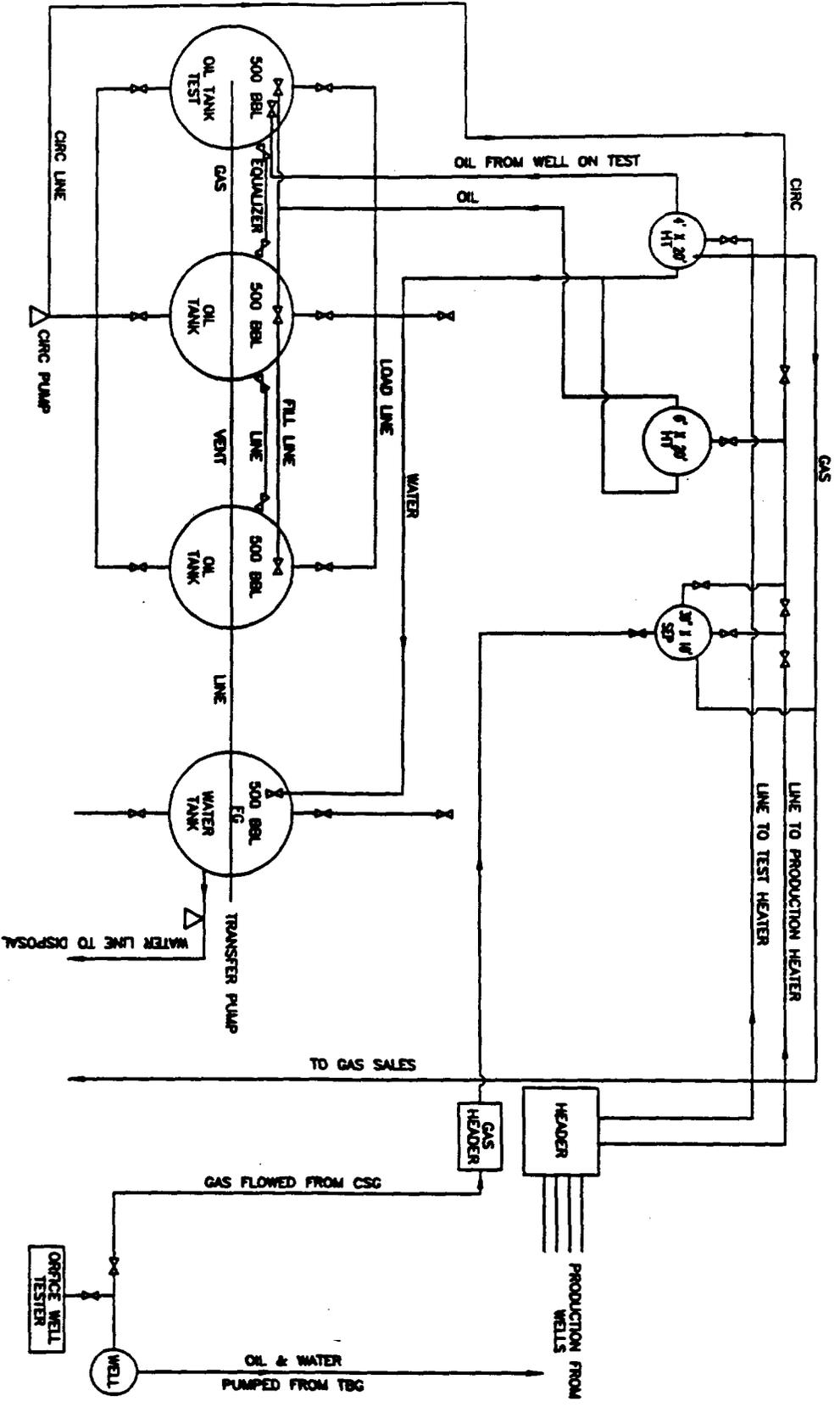
The proposed commingling of production is in the interest of conservation and will not result in reduced royalty or improper measurement of production.

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



**DEVCON**

**RED LAKE AREA**  
 EDDY COUNTY, NEW MEXICO

**EXHIBIT # 1**

**HAWK "8" FEDERAL BATTERY**  
 FLOW DIAGRAM  
 ULK, SEC. 8, T18S, R27E

F CORNELL

9/78



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. 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
<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:

- 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  
GARLAND  
AREA  
OFFICE

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

Signed E. L. Buttross, Jr. Title District Engineer Date 9/25/96

Approved by David P. Glass Title PETROLEUM ENGINEER Date SEP 30 1996

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.

2-8-96  
DK

# 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	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "9B" Federal #3	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "9E" Federal #5	68	38	76
Hawk "9E" Federal #6	<b>BEING COMPLETED. TEST TO FOLLOW.</b>		
Hawk "9F" Federal #7	41	38	82
Hawk "9F" Federal #8	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "9G" Federal #9	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hawk "9H" Federal #11	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		

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.

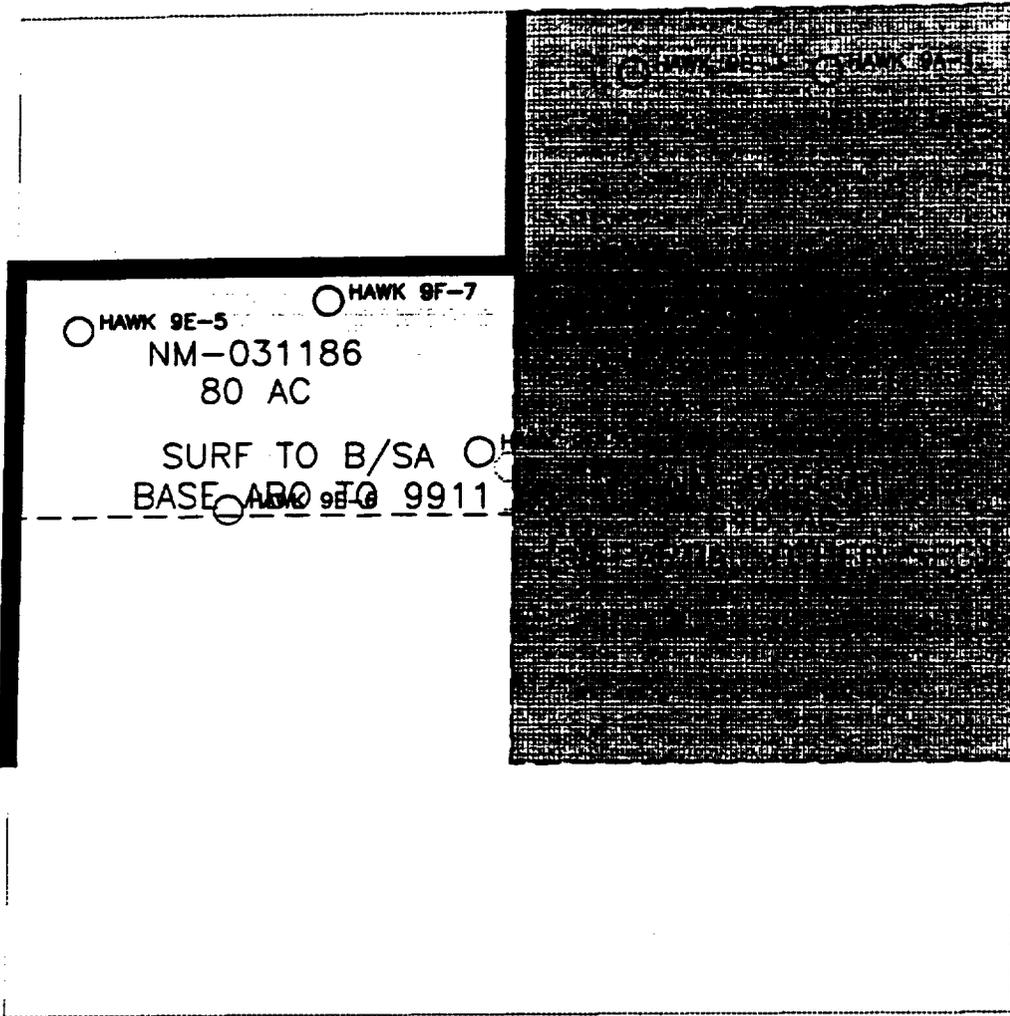
Title: District Engineer

Date: September 25, 1996

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



R 27 E



○ HAWK 9E-5      ○ HAWK 9F-7  
 NM-031186  
 80 AC  
 SURF TO B/SA ○  
 BASE ADJ TO 9911 ○

T  
18  
S



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

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 checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <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 <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>

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

Signed E. L. Buttross, Jr. Title District Engineer Date July 2, 1997

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Conditions of approval, if any:

## 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



T 17 S  
R 27 E

32

ST BZ 2 CDBU 2

EVARTS FED 2

BRECK ST 1

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

EAGLE 34D-7

EAGLE 33A-2

EAGLE 34E-8

EAGLE 33N-8

EAGLE 34L-23

EAGLE 34N-24

LC-055383-A  
240 AC

EAGLE 34M-25

EAGLE 34N-27

HARBOLD 8

EAGLE 33P-14

EAGLE 34M-26

EAGLE 34N-28

HARBOLD 5

T 18 S  
R 27 E

NM-025530

HONDO B-2  
37.28 AC

J-B H/FED B-1

HUDSON B 1

HUDSON

3  
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P-1  
1

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45  
43  
70  
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L-5  
30  
L

K-7  
K-6  
L-8  
L-7

FALCON 3N-18  
MANN-FED 1

LC-055383-A  
160 AC

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MARK 9E-5  
NM-031186  
80 AC  
MARK 9E-4  
MARK 9F-7  
MARK 9G-6  
MARK 9H-5  
MARK 9I-4  
MARK 9J-3  
MARK 9K-2  
MARK 9L-1  
MARK 9M-0

MARK 10C-1  
NM-025604  
MARK 10D-2  
MARK 10E-3  
MARK 10F-4  
MARK 10G-5  
MARK 10H-6  
MARK 10I-7  
MARK 10J-8  
MARK 10K-9  
MARK 10L-10  
MARK 10M-11  
MARK 10N-12  
MARK 10O-13  
MARK 10P-14  
MARK 10Q-15  
MARK 10R-16

MARK 9E-5  
NM-89158  
80 AC  
MARK 9E-4  
MARK 9F-7  
MARK 9G-6  
MARK 9H-5  
MARK 9I-4  
MARK 9J-3  
MARK 9K-2  
MARK 9L-1  
MARK 9M-0

MARK 9E-5  
NM-065478-B  
80 AC  
MARK 9E-4  
MARK 9F-7  
MARK 9G-6  
MARK 9H-5  
MARK 9I-4  
MARK 9J-3  
MARK 9K-2  
MARK 9L-1  
MARK 9M-0

NM-0758  
MARK 17C-1  
ACBUDU 12  
NM ST BF 1  
STATE BR 1  
ACBUDU 1 6  
ACBUDU 1 9  
ACBUDU 2 14  
NM ST BF 2  
ACBUDU 2 13  
EDDY ST BU 1  
ST OF NM "CE" 2  
ACBUDU 2-11  
ACBUDU 2-24  
ACBUDU 2 25  
ACBUDU 2 16  
SCOGINS D L  
SCOGINS DRW ST C 1  
SIMON FED 1  
ACBUDU 2 26

17

16

15

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 "5T" Federal #1
- Hondo Federal #6                      Kite "5B" Federal #2
- Hondo "B" Federal #1
- Hondo "B" Federal #2

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT **3C**

CASE NO. **11847**

OIL AND GAS  
SEP 27 1 49 PM '96  
RECEIVED

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

Signed E.L. Buttross, Jr. Title District Engineer Date 9/26/96

Approved by David P. Glass Title PETROLEUM ENGINEER Date SEP 30 1996

Conditions of approval, if any:

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

COMINGLING TO  
BE APPROVED

# 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	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hondo Federal #4	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hondo Federal #5	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Hondo Federal #6	<b>COMPLETING. TEST TO FOLLOW.</b>		
Hondo "B" Federal #1	4	38	10
Hondo "B" Federal #2	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Kite "4E" Federal #1	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Kite "4E" Federal #2	<b>COMPLETING. TEST TO FOLLOW.</b>		
Kite "4E" Federal #3	<b>TO BE DRILLED. TEST TO FOLLOW.</b>		
Kite "4E" Federal #4	<b>COMPLETING. TEST TO FOLLOW.</b>		
Kite "5I" Federal #1	<b>COMPLETING. TEST TO FOLLOW.</b>		
Kite "5I" Federal #2	<b>COMPLETING. TEST TO FOLLOW.</b>		

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.

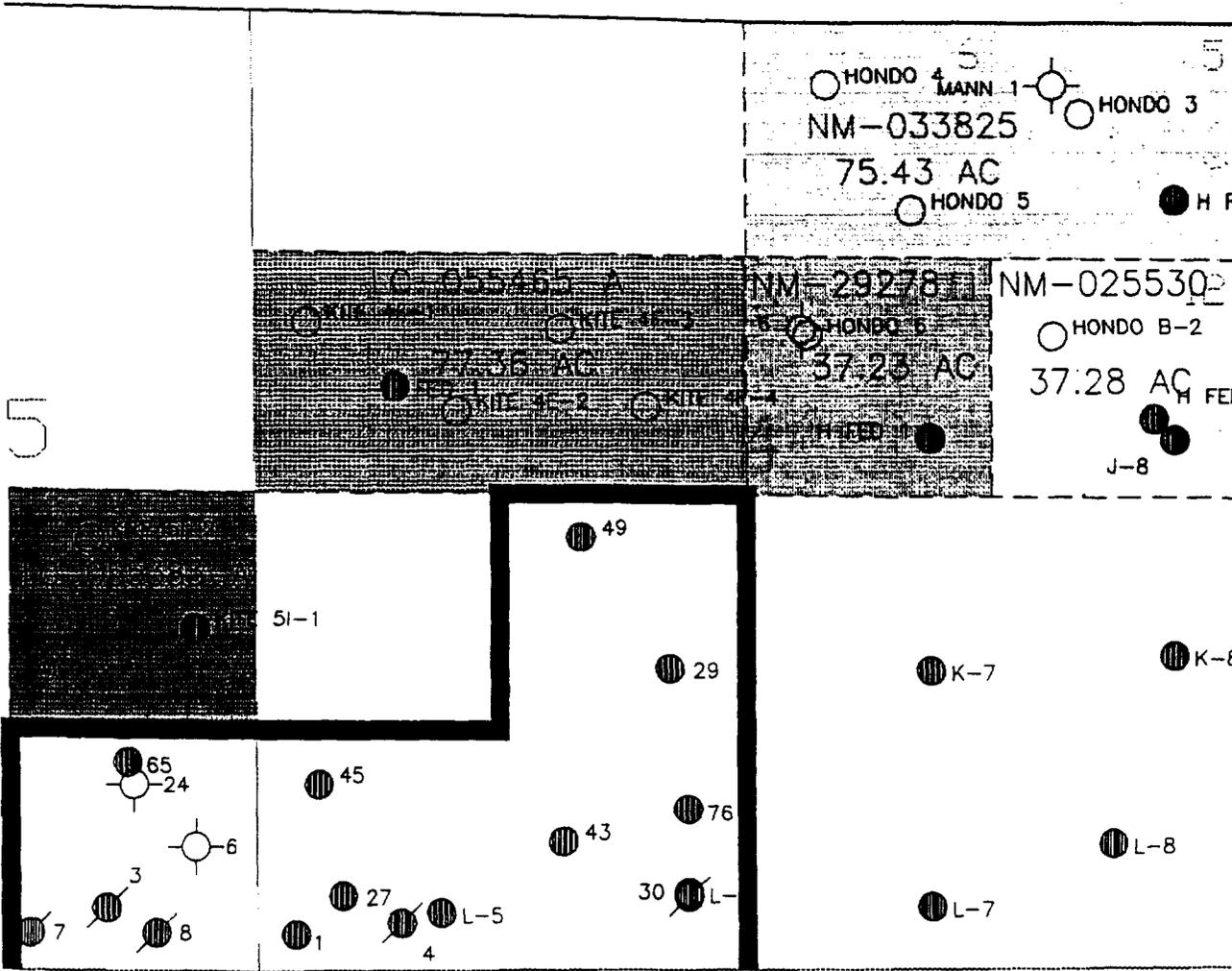
We understand that the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument. We have submitted an application for the necessary right-of-way approvals to the BLM's Realty Section.

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



R 27 E



5

T  
18  
S



KITE-HOO

**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 9/96

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.

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 3<sup>rd</sup> day of September, 1997, by E.L. Buttross, Jr.

[Signature]  
NOTARY PUBLIC

My Commission Expires:

3/31/2001

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT 4A  
CASE NO. 11845

August 14, 1997

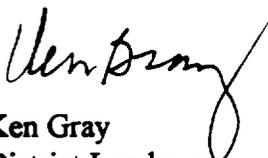
**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

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~~W~~SW~~W~~, SE~~W~~SW~~W~~, W~~W~~SE~~W~~, and SE~~W~~SE~~W~~ of Section 8, and the NE~~W~~NW~~W~~ 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~~W~~SE~~W~~ 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,



---

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 NIQUEL 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  
RUIDOSO 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 3<sup>rd</sup> day of September, 1997, by E.L. Buttross, Jr.

[Signature]  
NOTARY PUBLIC

My Commission Expires:

3/14/01

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT 4/B  
CASE NO. 11846

**devon**  
**ENERGY CORPORATION**

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

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

August 14, 1997

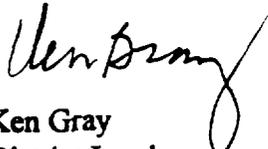
**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

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 $\frac{1}{2}$  and S $\frac{1}{2}$ 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,



---

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

Attorney for Devon Energy Corporation  
(Nevada)

ESTATE OF HELEN HENSON  
1742 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  
BUDDSO 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  
ARTESIA 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-  
509-26-2685

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  
BUDDSO 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 3<sup>rd</sup> day of September, 1997, by E.L. Buttross, Jr.

[Signature]  
NOTARY PUBLIC

My Commission Expires:

3/14/98

NEW MEXICO  
OIL CONSERVATION DIVISION

EXHIBIT 9C  
CASE NO. 11847

**devon**  
**ENERGY CORPORATION**

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

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

August 14, 1997

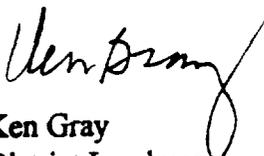
**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

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 033825, NM 025530, NM 29278, LC 055465, and LC 055383-A, which collectively cover the NE $\frac{1}{4}$  and S $\frac{1}{2}$ 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 that reads "James Bruce". The signature is written in black 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 84035  
LUBBOCK TX 79464  
58-5225493

EDITH C WHEELER  
P O BOX 84035  
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  
466 GOODWIN DR  
RICHARDSON TX 75081-  
449-50-9520

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

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

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

DAVID H. ARRINGTON  
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  
BLUIDOSO 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  
3305 WENTWOOD  
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  
SEQUIIM WA 98382-  
569-26-2685

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

YATES BROS  
207 SOUTH 4TH ST  
ARTESIA NM 88210-  
85-0719859

RUSSELL ESTATE TRUST  
ATTN: TRUST DEPARTMENT  
FIRST NATIONAL BANK OF ARTESIA  
P O DRAWER AA  
ARTESIA NM 88210-  
85-5086406

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-  
525-44-5306

HELEN WATSON & JOHN T RHETT  
JIMBROS  
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  
462-29-9514

BARBARA KAY CLAYTON SCOTT  
9819 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  
2121 BECKETT DRIVE  
FLOWER MOUND 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

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

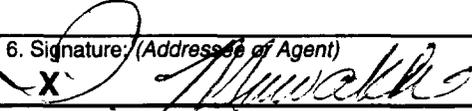
7. Date of Delivery

DEC 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?

<b>SENDER:</b> ■ 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:  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)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Ada J. Keyes</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  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) Phillip P Lawson		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Phillip P Lawson</i>			
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  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) E. Greene		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>E. Greene</i>			
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:

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  
8/7/94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X David Thorne

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:

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  
8/10/94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Lillian O'Haco McNally

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):

- 1.  Addressee's Address
- 2.  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

5. Received By: (Print Name)

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.
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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:

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*

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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- 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

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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- 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 G Labunski

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:**

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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:

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?

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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:

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

AUG 20 1994

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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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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- 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:

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  
8-21-95

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Mickey Travis*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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:

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  
8-22-95

5. Received By: (Print Name)

JOANN GRIGGS

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

6. Signature: (Addressee or Agent)

X *Jo Ann Griggs*

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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- 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:

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)

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

6. Signature: (Addressee or Agent)

X *D. Sparkman*

PS Form 3811, December 1994 Domestic Return Receipt

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<b>SENDER:</b> ■ 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)	
6. Signature: (Addressee or Agent) X <i>Kristen L. Hubert</i>		AS ABOVE	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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 619 403 892	
		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 <i>LaRue M. White</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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 <i>LaRue M. White</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 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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- 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

P619 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

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:

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

4a. Article Number

P619 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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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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:

Kathryn Beach  
2301 Bennett Road  
Lafayette, IN 47905

4a. Article Number

P619 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)

*J. Broad Beach*

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

6. Signature: (Addressee or Agent)

X *Kathryn Beach*

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:

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

2/17/97

5. Received By: (Print Name)

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

Thank you for using Return Receipt Service.

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**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:

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

8/19/97

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

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:

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

8/20/97

5. Received By: (Print Name)

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  William H. Collins 6542 Nine Mile Azle Road Ft. Worth, TX 76135		4a. Article Number P 619 403 848	
		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) Barbara J. Collins		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Barbara J. Collins			

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  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 <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 8/19/97	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X Vera Polk			

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  Jane Ann Hudson Davis Box 2660 Ruidoso, NM 88345-2660		4a. Article Number P 619 403 838	
		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 J. Davis			

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  Winnie Jeffrey 304 Heath Drive Ruidoso, NM 88345		4a. Article Number P 619 403 877	
		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) <i>Winnie Jeffrey</i>			

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ 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:  Helen Watson & John T. Rhett 3175 N. 21st St. Arlington, VA 22201		4a. Article Number P 619 403 878	
		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) <i>Helen W. Rhett</i> <i>Helen W. Rhett</i>		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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<b>SENDER:</b> ■ 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 T. Coppedge 79 W. Morgan Spencer, IN 47460		4a. Article Number P 619 403 901	
		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 <i>James T. Coppedge</i>			

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:

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

4a. Article Number  
P 619 403 889

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)

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

6. Signature: (Addressee or Agent)  
X Marjorie Meyer

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:

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

4a. Article Number  
P 619 403 857

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)

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

6. Signature: (Addressee or Agent)  
X Jane Davis

PS Form 3811, December 1994 Domestic Return Receipt

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**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:

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

4a. Article Number  
P 619 403 894

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

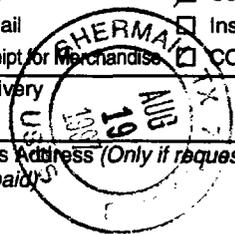
7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
X Tom S. Moore

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:

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

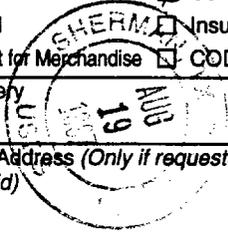
4a. Article Number

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):

- Addressee's Address
- 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

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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- 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 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

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:

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)

*J. E. 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.

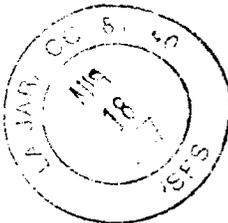
I also wish to receive the following services (for an extra fee):

- 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 *RKR*

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:

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 *[Signature]*

5. Received By: (Print Name)

*J. McWhorter*

6. Signature: (Addressee or Agent)

*[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.

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**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):

- Addressee's Address
- 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.

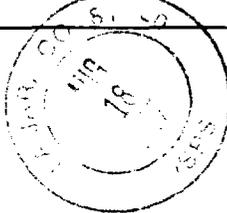
I also wish to receive the following services (for an extra fee):

- 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 619 403 916**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**8-18-97** *JR*

5. Received By: (Print Name)  
**JANET DAVIDSON**

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

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

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):

- Addressee's Address
- 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  
**18 AUG 1997**

5. Received By: (Print Name)

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.
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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:

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 Minerals 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:**

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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:

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 Minerals 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:**

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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:

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)

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

6. Signature: (Addressee or Agent)

X Janice D. Gettys

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):

- 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 <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) HATTY RUTH GRIFFIN	8. Addressee's Address (Only if requested and fee is paid)
6. Signature X	

PS Ft

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 <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 18 August 1997
5. Received By: (Print Name) CLAIRE COLLINS	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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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 <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 AUG 19 1997
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.

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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:

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

8-22-93

5. Received By: (Print Name)

LISA LUIZ

6. Signature: (Addressee or Agent)

X Lisa Luiz

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:

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 Lisa Luiz

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:

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)

6. Signature: (Addressee or Agent)

Davis A. Coppedge

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:

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  
*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.

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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:

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

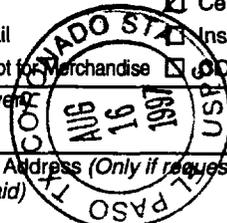
4a. Article Number

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  
*Sandra Terry*

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

6. Signature: (Addressee or Agent)

X *Sandra Terry*

PS Form 3811, December 1994

Domestic Return Receipt

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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:

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)

*Michel H. Gorman*

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

6. Signature: (Addressee or Agent)

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:

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)

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

6. Signature: (Addressee or Agent)  
X *Laura Patricia Lodewick*

PS Form 3811, December 1994

Domestic Return Receipt

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**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:

Alleene C. Graves  
2381 Ridgmar Plaza  
Fl. 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)

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

6. Signature: (Addressee or Agent)  
X *Alleene C. Graves*

PS Form 3811, December 1994

Domestic Return Receipt

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**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):

- 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  
8/12/97

5. Received By: (Print Name)  
*Brody F. Johnson*

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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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

- 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 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:**

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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:

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

4a. Article Number

P 619 403 851

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 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.
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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:

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

4a. Article Number

P 619 403 856

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)

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:**

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- Complete items 3, 4a, and 4b.
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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:

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

4a. Article Number

P 619 403 918

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

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**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.
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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:

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

4a. Article Number

P 619 403 910

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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:**

- 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:

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

4a. Article Number

P 619 403 836

4b. Service Type

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

7. Date of Delivery

8-16-97

5. Received By: (Print Name)

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

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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 H. Arrington  
P.O. Box 2071  
Midland, TX 79702



4a. Article Number

P 619 403 900

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 *David H. Arrington*

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:

Eddie V. Peoples  
9 Victorian Oaks Road  
Longview, TX 75603

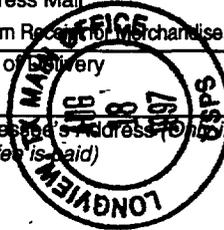
4a. Article Number

P 619 403 870

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 *Mrs. Eddie V. Peoples*

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:

Charlotte Daugirda  
10215 Huntington Wood Drive  
Houston, TX 77099

4a. Article Number

P 619 403 859

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 *Charlotte Daugirda*

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 619 403 842

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)

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

6. Signature: (Addressee or Agent)

X *Marjorie Meyer*

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:

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)

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

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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:

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)

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

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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 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

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

6. Signature: (Addressee or Agent)

X Samuel A Washburn

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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**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:

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

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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 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

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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:

Minerals Management Service  
Royalty Program  
Box 5810, 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

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**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:

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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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 619 403 834

4b. Service Type

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

7. Date of Delivery

8-18-97 BKA

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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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 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

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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:

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 SOE SURELY [Signature]

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:

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.