BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF EXXON CORPORATION FOR LEASE COMMINGLING, LEA COUNTY, NEW MEXICO. **Case No. 11,904**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, 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 attorney for 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 said interest owners at their correct addresses by mailing each of them, by certified mail, a copy of the Application. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A.

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

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 5th day of January, 1998, by James Bruce.

Notary Public

My Commission Expires:

3/14/01

NEW MEXICO
OIL CONSERVATION DIVISION

EXHIBIT 10

CASE NO. 11904

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

SUITE B
612 OLD SANTA FE TRAIL
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

December 17, 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 Exxon Corporation requesting approval for lease commingling of Oil Center-Blinebry Pool production from the lease and lands described in the application. This matter will be heard at 8:15 a.m. on Thursday, January 8, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the lease, 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,

James Bruce

Attorney for Exxon Corporation

EXHIBIT
A

CHAPARRAL ROYALTY CO
PO BOX 64687
HOUSTON TX 77264

ARCHBISHOPRIC OF NEW YORK
IN CARE OF
WILLIAM B WATSON
PO BOX 470425
FORT WORTH TX 76147-0425

COLONIAL ROYALTIES LIMITED
PARTNERSHIP
PO BOX 798
COMETA OK 74429-0798

GEORGYNE NOMINEE CORPORATION

MARJORIE M HURZAGH
TRUST U/A 6/20/77
DONALD M HURZAGH TR
NORTHERN TRUST CO TR
PO BOX 226270
DALLAS TX 75222-6270

THE HOME-STAKE OIL & GAS CO
15 E 5TH ST # 2800
TULSA OK 74103

THE HOME-STAKE ROYALTY CORP
15 E 5TH ST # 2800
TULSA OK 74103

GEORGE R JONES
P O BOX 10253
MIDLAND TX 79702

LYETH OIL TRUST
KANALY TRUST COMPANY
SUCCESSOR CORPORATE TR
4550 POST OAK PLACE DR 5139
HOUSTON TX 77027

LELAND STANFORD JUNIOR
UNIVERSITY BOARD OF TRUSTEES
C/O THE STANFORD MGMT CO
MINERALS ADMINISTRATION
2770 SAND HILL RD
MENLO PARK CA 94025

MARILYN M LAM REVOCABLE TRUST
MARILYN M LAM TR
JAMES B LAM TR
PO BOX 29628
OKLAHOMA CITY OK 73156-0628

JIMMY D MORRY REVOCABLE TRUST
JIMMY D MORRY TR
MARY M MORRY TR
9250 N PENNSYLVANIA PL STE 150
OKLAHOMA CITY OK 73120

ELYSE SAUNDERS PATTERSON
TRUST B
EDWARD T NATHENY JR TR
COMMERCE BK KANSAS CITY TR
ATTN TRUST REAL EST DEPT
C/O COMMERCE BK KANSAS CITY
PO BOX 13366
KANSAS CITY MO 64199-3366

PENTAGON OIL CO
PO BOX 391
KILGORE TX 75663

PETRUST CORPORATION OF
AMERICA
C/O ACCT 207512
NATIONSBANK OF TEXAS NA
PO BOX 840738
DALLAS TX 75284-0738

330 LIMITED PARTNERSHIP
P O BOX 987
ROSWELL NM 88201

FRIEDA M SCHACHNER
281 SAINT PAULS AVE
JERSEY CITY NJ 07306

JANE D SPEIGHT
PO BOX 1687
LOVINGTON NM 88260

ONEZ NORMAN RODNEY
TESTAMENTARY TRUST
LIBERTY BANK & TRUST OF
OKLAHOMA CITY NA CO-TR
JAMES M MORRY CO-TR
TRUST NO 11410749GB
PO BOX 3538
TULSA OK 74101

TEXACO EXPLORATION AND
PRODUCTION INC
PO BOX 200778
HOUSTON TX 77216-0778

THE TOLES COMPANY
P O BOX 1390
ROSWELL NM 88202-1390

WILLIAM B WATSON AGENT INC
PO BOX 470425
FORT WORTH TX 76147-0425

ATLANTIC RICHFIELD COMPANY
PO BOX 910255
DALLAS TX 75391-0255

EXHIBIT
A

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

SUITE B
612 OLD SANTA FE TRAIL
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

December 17, 1997

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Geodyne Nominee Corporation
c/o Samson Companies
2 West 2nd Street
Tulsa, Oklahoma 74103

Enclosed is a copy of an application filed at the New Mexico Oil Conservation Division by Exxon Corporation requesting approval for lease commingling of Oil Center-Blinebry Pool production from the lease and lands described in the application. This matter will be heard at 8:15 a.m. on Thursday, January 8, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the lease, 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,

James Bruce

Attorney for Exxon Corporation

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 485

Sent to	Atlantic Richfield Company
Street & Number	P. O. Box 910355
Post Office, State, & ZIP Code	Dallas, Tx 75391-0355
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	RR 1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 22 1997

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

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, & 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:

Atlantic Richfield Company
P. O. Box 910355
Dallas, Texas 75391-0355

4a. Article Number
P 329 636 485

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

7. Date of Delivery
DEC 22 1997

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X J Whiteside

PS Form **3811**, December 1994 102595 97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 443

Sent to	Chaparral Royalty Co.
Street & Number	P.O. Box 66687
Post Office, State, & ZIP Code	Houston, Tx. 77266
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	RR 1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 23 1997

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

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, & 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:

Chaparral Royalty Company
P. O. Box 66687
Houston, Texas 77266

4a. Article Number
P 329 636 443

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

7. Date of Delivery
DEC 23 1997

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Melissa McCommon

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	The Toles Company
Street & Number	P. O. Box ~~470425~~ 1300
Post Office, State, & ZIP Code	Roswell, NM 88202-1300
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 28 1994 USPS

P 329 636 483

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

SENDER:
- Complete items 1 and or additional services.
- Complete items 3, 4a, 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:
Colonial Royalties Ltd. Partnership
P. O. Box 790
Coweta, Oklahoma 74429-0790

4a. Article Number
P 329 636 445

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 Lisa Bowers

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and for additional services.
- Complete items 3, 4a, 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.

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

3. Article Addressed to:
The Toles Company
P. O. Box ~~470425~~ 1300
Roswell, NM 88202-1300

4a. Article Number
P 329 636 483

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

7. Date of Delivery
DEC 28 1994

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Juanita Toles

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	Colonial Royalties Ltd Ptnsp
Street & Number	P. O. Box 790
Post Office, State, & ZIP Code	Coweta, Oklahoma 74429-0790
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	NM 1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 28 1994 USPS

P 329 636 445

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail *(See reverse)*

P 329 636 482

Sent to	Texaco Exp.&Prod. Inc.
Street & Number	P. O. Box 200778
Post Office, State & ZIP Code	HOUSTON, TX 77216-0778
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	SANTA FE, NM DEC 17 1997 USPS

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:

Frieda M. Schachner
201 Saint Pauls Avenue
Jersey City NJ 07306

4a. Article Number
P 329 636 480

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

7. Date of Delivery
DEC 29 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.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail *(See reverse)*

P 329 636 480

Sent to	Frieda M. Schachner
Street & Number	201 Saint Pauls Avenue
Post Office, State & ZIP Code	Jersey City, NJ 07306
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.00
Postmark or Date	SANTA FE, NM DEC 17 1997 USPS

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

SENDER:
- Complete items 1 and/or 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:

Texaco Exploration and Production
P. O. Box 200778
Houston, Texas 77216-0778

4a. Article Number
P 329 636 482

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

7. Date of Delivery
DEC 22 1997

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Willie Coleman

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 441

Sent to	June D. Speight
Street & Number	P. O. Box 1607
Post Office, State, & ZIP Code	Lovington, NM 88260
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark / Date	DEC 17 1997 LOVINGTON, NM 88260

SENDER:
- Complete items 1 and 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:

June D. Speight
P. O. Box 1687
Lovington New Mexico 88260

4a. Article Number
P 329 636 441

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

7. Date of Delivery
DEC 18

5. Received By: *(Print Name)*
J Henderson

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 Domestic Return Receipt

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 471

Sent to	George R. Jones
Street & Number	P. O. Box 10253
Post Office, State, & ZIP Code	Midland, Tx 79702
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark / Date	DEC 17 1997 LOVINGTON, NM 88260

SENDER:
- Complete items 1 and 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:

George R. Jones
P. O. Box 10253
Lidland, Tx 79702

4a. Article Number
P 329 636 471

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

7. Date of Delivery
12-19-97

5. Received By: *(Print Name)*

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 Domestic Return Receipt

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 473

Sent to	Leland Stanford Junior University Board of Trustees
Street & Number	2770 Sand Hill Road
Post Office, State, & ZIP Code	Menlo Park, Ca. 94025
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 21 1994 MENLO PARK, CA 94026

SENDER:
- Complete items 1 and 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:

Leland Stanford Junior
University Board of Trustees
c/o The Stanford Mgt. Co.
Minerals Division
2770 Sand Hill Road
Menlo Park, Ca. 94025

4a. Article Number
P 329 636 473

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

7. Date of Delivery
12-23

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 477

Sent to	Pentagon Oil Co.
Street & Number	P. O. Box 391
Post Office, State, & ZIP Code	Kilgore, Tx. 75663
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 21 1994 MENLO PARK, CA 94026

SENDER:
- Complete items 1 and 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.
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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:

Pentagon Oil Co.
P. O. Box 391
Kilgore, Tx 75663

4a. Article Number
P 329 636 477

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

7. Date of Delivery
12-23

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: Jimmy D. Morey Tr./Mary H. Morey

Street & Number	9320 N. Pennsylvania Pl. #159
Post Office, State, & ZIP Code	Oklahoma City, Okl 73120
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 17 1995 SANTA FE, NM 87501

P 329 636 475

SENDER:
- Complete items 1 and/or additional services.
- Complete items 3, 4a, & 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:
Marilyn M Law, Revocable Trust
Marilyn M. Law Trust
James B. Law Tr.
P. O. Box 20628
Oklahoma City, Oklahoma 73156-0628

4a. Article Number
P 329636 474

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to: Marilyn M. Law Revocable Tr.

Street & Number	P. O. Box 20628
Post Office, State, & ZIP Code	Oklahoma City, Ok 73156-0628
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 15 1995 OKLAHOMA CITY, OK 73156 USPS

P 329 636 474

SENDER:
- Complete items 1 and/or additional services.
- Complete items 3, 4a, & 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:
Jimmy D. Morey Revocable Trust
Jimmy D. Morey Tr
Mary H. Morey Tr
9230 N. Pennsylvania Pl. #159
Oklahoma City, Ok. 73120

4a. Article Number
P 329 636 475

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 476

Sent to	Elyse Saunders Patterson Trust Edward T. Matheny Jr. Trust Attn Trust Real Estate Dept. c/i Commerce Bank Kansas City
Street & Number	P. O. Box 13366
Post Office, State, & ZIP Code	Kansas City, Mo. 64199-3366
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 23 1997

SANTA FE, NM 87504

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:
Elyse Saunders Patterson Trust
Edward T. Matheny Jr. Trust
Attn Trust Real Estate Dept.
c/i Commerce Bank Kansas City
P. O Box 13366
Kansas City, Mo. 64199-3366

4a. Article Number
P 329 636 476

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

7. Date of Delivery
DEC 23 1997

5. Received By: (Print Name)
Rodney mcclinton

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

6. Signature: (Addressee or Agent)
X Rodney mcclinton

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 481

Sent to	Liberty Bank & Trust Of Ok
Street & Number	P. O. Box 3538
Post Office, State, & ZIP Code	Tulsa, Ok 74101
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 23 1997

SANTA FE, NM 87504

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:
Onez Norman Rooney Testimentary Trust
Liberty Bank & Trust of Ok,City
James M. Morey CoTr
Trust No. 1143074006
P. O. Box 3538
Tulsa, Oklahoma 74101

4a. Article Number
P 329 636 481

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

7. Date of Delivery
DEC 23 1997

5. Received By: (Print Name)
BENJAMIN

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

P 329 636 472

Sent to	Lyeth Oil Trust
	Kanaly Trust Company
Street & Number	4550 Post Oak Place Dr. #139
Post Office, State, & ZIP Code	Houston, TX 77027
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 22 1997 HOUSTON TEXAS 77027

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:

Lyeth Oil Trust
Kanaly Trust Company
4550 Post Oak Place Dr. #139
Houston Texas 77027

4a. Article Number
P 329 636 472

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

7. Date of Delivery
12-22-97

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

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

P 329 636 484

Sent to	Wm. M. Watson Agent Inc
Street & Number	P. O. Box 470425
Post Office, State, & ZIP Code	Ft. Worth, Tx 76147-0425
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 22 1997 SANTA FE NM 87501 USPS

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:

William M. Watson / Agent Inc.
P. O. Box 470425
Fort Worth TX 76147-0425

4a. Article Number
P 329 636 484

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

7. Date of Delivery
12/22/97

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

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

P 329 636 444

Sent to	Archbishopric of New York
Street & Number	P. O. Box 470425
Post Office, State, & ZIP Code	Ft. Worth, Tx 76147-0425
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.
Postmark or Date	12/19/97 USPS

SENDER:

- Complete items 1 and [illegible] or additional services.
- Complete items 3, 4a, a[illegible] 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[illegible] 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 W. Huszagh Trust
Donald W Huszagh Tr
Northern Trust Co. Tr
P. O. Box 226270
Dallas Texas 75222-6270

4a. Article Number: P 329 636 447

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

7. Date of Delivery: DEC 22 1997

5. Received By: *(Print Name)* JAMES CONWAY

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/[illegible] additional services.
- Complete items 3, 4a, a[illegible] 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[illegible] to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

Archbishopric of New York
c/o William Watson, POB 470425
Fort Worth, Tx. 76147-0425

4a. Article Number: P 329 636 444

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

7. Date of Delivery: 12/22/97

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 — Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

P 329 636 447

Sent to	Donald W. Huszagh Tr
Street & Number	Northern Trust Co Tr
Post Office, State, & ZIP Code	P O Box 226270 Dallas, Tx 75222-6270
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.
Postmark or Date	12/19/97 USPS

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to	Home-Stake Royalty Corp.
Street & Number	15 E. 5th St., Suite 2800
Post Office, State, & ZIP Code	Tulsa, Ok 74103
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 22 1997

P 329 636 448

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:

The Home Stake Oil & Gas Corp.
15 E 5th, Suite 2800
Tulsa Ok 74103

4a. Article Number
P 329 636 448

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

7. Date of Delivery
DEC 22 1997

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Tatuana Moore

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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:

The Home Stake Royalty Corp.
15 E. 5th Street Suite 2800
Tulsa, Ok. 74103

4a. Article Number
P 329 636 449

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

7. Date of Delivery
DEC 22 1997

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Tatuana Moore

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to	Home-Stake Oil & Gas
Street & Number	15 E. 5th, Suite 2800
Post Office, State & ZIP Code	Tulsa, Oklahoma 74103
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 22 1997

P 329 636 448

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 478

Sent to	Nationsbank of Texas NA
Street & Number	P. O. Box 840738
Post Office, State, & ZIP Code	Dallas, Tx 75284-0738
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	SANTA FE, NM DEC 17 1997 USPS

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

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

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

Consult postmaster for fee.

3. Article Addressed to:
Geodyne Nominee Corporation
2 West 2nd Street
Tulsa, Oklahoma 74103

4a. Article Number
P 329 636 416

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

7. Date of Delivery
DEC 22 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 102595-97-B-0179 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 3 for additional services.
- Complete items 3, 4a, and b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Consult postmaster for fee.

3. Article Addressed to:
Petrust Corporation of America
c/o Acct. 207312
Nationsbank of Texas NA
P. O. Box 840738
Dallas Tx 75284-0738

4a. Article Number
P 329 636 478

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

7. Date of Delivery
DEC 22 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.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

P 329 636 416

Sent to	Geodyne Nominee Corp.
Street & Number	2 West 2nd Street
Post Office, State, & ZIP Code	Tulsa, OK 74103
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	DEC 22 1997 USPS

Fold at line over top of label

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:

SSG Limited Partnership
P. O. Box 967
Roswell NM 88201

4a. Article Number
P 329 636 479

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

7. Date of Delivery

5. Received By: *(Print Name)* SSG Limited Partnership

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

6. Signature: *(Addressee or Agent)* X by Sue S. Graham Gen Part

PS Form **3811**, December 1994 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (*See reverse*)

Sent to	SSG Limited Partnership
Street & Number	P. O. Box 967
Post Office, State, & ZIP Code	ROSWELL NM 88201
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	8 7 95 MIN. NM

P 329 636 479