

BEFORE THE
OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

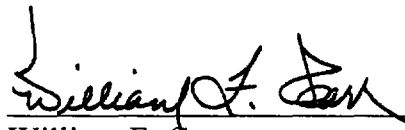
IN THE MATTER OF THE APPLICATION
OF SONAT EXPLORATION COMPANY
FOR BLANKET SURFACE COMMINGLING,
EDDY AND LEA COUNTIES, NEW MEXICO.

CASE NO. 11948

AFFIDAVIT

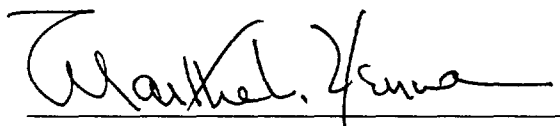
STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Sonat Exploration Company, the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before me this 18th day of March, 1998.



Notary Public

My Commission Expires:

August 19, 1999

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

Case No. 11948 Exhibit No. 6

Submitted by: Sonat Exploration Company

Hearing Date: March 19, 1998

EXHIBIT A

Minerals Management Service
Royalty Management Program
Post Office Box 5810
Denver, CO 80217-5810

Shawn P. Hannifin
518 17th Street, Suite 540
Denver, CO 80202

Eckels Family Trust, Robert
Christopher R F Eckels, Trustee
Post Office Box 30
Cedaredge, CO 81413

Western Interior Energy Inc.
216 16th Street, Suite 1080
Denver, CO 80202

TC/OK 1993-M
c/o Texas Commerce Bank
Post Office Box 910864
Dallas, TX 75391-0864

Lyle B. Gallivan and
Mary Boxel
8470 W. 4th Avenue
Lakewood, CO 80226

Ronald C. Agel
279 Marlborough Street
Boston, MA 02116

Branex Resources Inc.
Post Office Box 2328
Roswell, NM 88202-2328

D-M Corporation
Post Office Box 1196
Englewood, CO 80150

Mary Jane Shelley Favor
Post Office Box 96
Hayneville, AL 36040

Les R. Honeyman
3806 Crestridge
Midland, TX 79707

Joseph K. Morgan
and Madge B. Morgan
518 17th Street, Suite 545
Denver, CO 80202

L. E. Oppermann
500 W. Texas, Suite 830
Midland, TX 79701

David J. Sorenson
Post Office Box 1453
Roswell, NM 88202-1453

Wilson Revocable Trust
1013 East 5400 South
SO Ogden, UT 84405

Nuevo Seis Inc.
Post Office Box 182
Roswell, NM 88202-0182

Alan R. Hannifin
518 17th Street, Suite 540
Denver, CO 80202

F. Andrew Grooms
Post Office Box 2328
Roswell, NM 88202-2328

Thomas J. Depke
2027 Country Field Drive
Chesterfield, MO 63017

Dawn E. Coluccci
Post Office Box 140145
Brooklyn, NY 11214

DGQ Passive Income Part. 1987
5075 Shoreham, Suite 240
San Diego, CA 92122-3954

Nancy L. McMurtrie
125 E. First Avenue
Appleton, WI 54911

Milton R. Fry
11014 Hidden Bend Drive
Houston, TX 77064

Bruce C. Martens
Post Office Box 22900
Denver, CO 80222-0900

William C. Lonquist, Jr.
13707 Queensbury
Houston, TX 77079

Charles W. Peck
3333 Paintbrush Drive
Gillette, WY 82718

Millis H. Oakes
1041 Riviera Drive
Canyon Lake, TX 78133

Carla E. Salmon
2733 W. Wisconsin Avenue
Appleton, WI 54911

Elizabeth Trudeau Overly
11410 Shadow Way
Houston, TX 77024

Southwest Royalties Inc.
Post Office Box 970613
Dallas, TX 75397-0613

Clyde E. Phillips
2532 Lema Rd. #8
Rio Rancho, NM 87124

Richard K. Barr
5716 Hillcrest Place
Midland, TX 79707

UTI Energy Corp.
16800 Greenspoint Park #225N
Houston, TX 77060

Christine M. Bilberry
2253 Calle Cuesta
Santa Fe, New Mexico 87505

Scott E. Wilson
4512 Bent Tree Trail
Midland, TX 79707-1449

Gayle A. Dalton
122 Broadmoor
Marble Falls, TX 78654

WTG Exploration Inc.
Attn: Jeff Latimer
401 West Wadley Avenue
Midland, TX 79705-5339

Thomas R. Smith
1505 South Country Road 1130
Midland, TX 79701

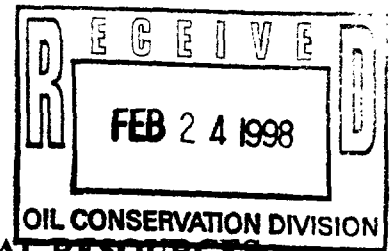
Rex P. Spear
603 Seco
Hobbs, NM 88240

Santa Fe Energy Resources, Inc.
Post Office Box 911701
Dallas, TX 75391-1701

The Caswell Silver Partnership
c/o P&M Petroleum Management
1600 Broadway, Suite 625
Denver, CO 80202

Pogo Producing Company
Purchaser Remittances
Post Office Box 10340
Midland, TX 79702-7340

**STATE OF NEW MEXICO
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES
OIL CONSERVATION DIVISION**



IN THE MATTER OF THE APPLICATION
OF SONAT EXPLORATION COMPANY FOR
BLANKET SURFACE COMMINGLING,
EDDY AND LEA COUNTIES, NEW MEXICO.

CASE NO. _____

APPLICATION

SONAT EXPLORATION COMPANY ("Sonat"), through its undersigned attorneys, hereby makes application to the Oil Conservation Division for blanket approval for blanket surface commingling of production from the Delaware formation, Poker Lake Delaware Pool, from certain federal leases located in Eddy and Lea Counties, New Mexico, and in support thereof states:

1. Sonat is the lessee of ten federal oil and gas leases and owns interest in and operates wells in the following described lands in Eddy and Lea Counties, New Mexico (hereinafter referred to as the "Project Area"):

Township 24 South, Range 31 East, NMPM, Eddy County, New Mexico

Section 1:	Lots 1 & 3; SW/4 NW/4; SW/4 NE/4 NE/4 SW/4; NE/4 SE/4; SW/4 SW/4 SW/4 SE/4
Section 8:	NW/4 NW/4; SE/4 NW/4; NW/4 SW/4; SE/4 SW/4
Section 9:	E/2
Section 10:	NE/4 SW/4; NE/4; E/2 SE/4; SW/4 SE/4
Section 11:	E/2 SW/4; SW/4 SW/4; E/2
Section 12:	NW/4; NE/4 NE/4; SW/4 NE/4; NE/4 SE/4 SW/4 SE/4
Section 15:	W/2; E/2 E/2; SW/4 SE/4

Township 24 South, Range 32 East, NMPM, Lea County, New Mexico

Section 18: NW/4

containing 2,080 acres, more or less.

2. Sonat operates 14 wells within the Project Area which produce oil from the Brushy Canyon and Cherry Canyon members of the Delaware formation and is currently engaged in a development program whereby additional wells are being drilled to the Delaware formation within the Project Area.

3. Sonat seeks an exception to Oil Conservation Division General Rule 309 A to permit the blanket approval for surface commingling of production from the Delaware formation from all existing wells and all wells subsequently to be drilled in the Project Area described in paragraph 1 of this application. Sonat also seeks an exception to Division Rule 309 B (5) (b) and authority to allocate production to each well in the Project Area without the requirement that production from each well be metered separately.

4. Sonat also states:

- a. all production will be accurately allocated back to each well monthly by utilizing monthly well tests; and
- b. no problems with compatibility of any fluids will result from commingling;
- c. approval of this application will minimize cost of facilities and equipment thereby resulting in the increased recovery of hydrocarbons.

5. Granting this application will result in the most efficient production of hydrocarbons from the Project Area and will not impair the correlative rights of any interest owner in the Project Area.

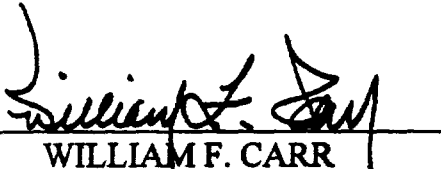
6. Notice of this application has been provided to all interest owners in the Project Area in accordance with Division Rule 1207.

7. Granting this application will be in the best interest of conservation and the prevention of waste.

WHEREFORE, Sonat Exploration Company requests that this application be set for hearing before a duly appointed Examiner of the Oil Conservation Division on March 19, 1998 and that, after notice and hearing as required by law, the Division enter its Order granting this application.

Respectfully submitted,

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

By: 
WILLIAM F. CARR
Post Office Box 2208
Santa Fe, New Mexico 87504
Telephone: (505) 988-4421

ATTORNEYS FOR SONAT EXPLORATION
COMPANY

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

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN
MICHAEL H. FELDEWERT
ANTHONY F. MEDEIROS
PAUL R. OWEN

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
FACSIMILE: (505) 983-6043
E-MAIL: ccbspa@ix.netcom.com

February 26, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO AFFECTED INTEREST OWNERS:

Re: Application of Sonat Exploration Company for Blanket Surface Commingling,
Eddy and Lea Counties, New Mexico

Gentlemen:

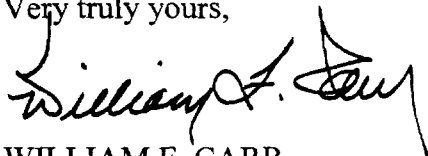
This letter is to advise you that Sonat Exploration Company filed the enclosed application with the New Mexico Oil Conservation Division seeking an exception to Division Rule 309 B to permit blanket surface commingling of production from all current wells and all wells to be drilled on ten federal oil and gas leases in all or portions of Sections 1, 8, 9, 10, 11, 12 and 15, Township 24 South, Range 31 East, and Section 18, Township 24 South, Range 32 East, NMPM, Eddy and Lea Counties, New Mexico. Sonat also seeks an exception to Rule 309 B (5) (b) and authorization to allocate production to each well within this area with out being required to separately meter the production from each well.

This application has been set for hearing before a Division Examiner on March 19, 1998. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

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

Questions concerning this application may be directed to Chad R. Shaw, Senior Landman, Sonat Exploration Company, 110 West Louisiana, Suite 500, Midland, Texas 79701; Telephone: (915) 684-0417.

Very truly yours,



WILLIAM F. CARR
ATTORNEY FOR SONAT EXPLORATION COMPANY
WFC:mlh
Enc.

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 Requester" on the mailpiece before the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

3. Article Addressed to:

Minerals Management Service
Royalty Management Program
Post Office Box 5810
Denver, CO 80217-5810

4a. Article Number

P 551 044 589

4b. Service Type

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

7. Date of Delivery

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

Denali Ventures, Inc.

5. Received By: (Print Name)

MAR - 2 1998

6. Signature: (Addressee or Agent)

X Agent for MMS

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 589

US Postal Service

Receipt for Certified Mail

Minerals Management Service
Royalty Management Program
Post Office Box 5810
Denver, CO 80217-5810

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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:

Shawn P. Hannifin
518 17th Street, Suite 540
Denver, CO 80202

4a. Article Number

P 551 044 590

4b. Service Type

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

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

Thank you for using Return Receipt Service.

P 551 044 590

US Postal Service
Receipt for Certified Mail

Shawn P. Hannifin
518 17th Street, Suite 540
Denver, CO 80202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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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:

Eckels Family Trust, Robert
Christopher R F Eckels, Trustee
Post Office Box 30
Cedaredge, CO 81413

4a. Article Number

P 551 044 591

4b. Service Type

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

7. Date of Delivery

3-2-98

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.

P 551 044 591

US Postal Service

Receipt for Certified Mail

Eckels Family Trust, Robert
Christopher R F Eckels, Trustee
Post Office Box 30
Cedaredge, CO 81413

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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SENDER:

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

3. Article Addressed to:

Western Interior Energy Inc.
216 16th Street, Suite 1080
Denver, CO 80202

4a. Article Number
P 551 044 592

4b. Service Type

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

7. Date of Delivery

3-2-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Denver Mail

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 592

US Postal Service
Receipt for Certified Mail

Western Interior Energy Inc.
216 16th Street, Suite 1080
Denver, CO 80202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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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:

TC/OK 1993-M
c/o Texas Commerce Bank
Post Office Box 910864
Dallas, TX 75391-0864

4a. Article Number

P 551 044 593

4b. Service Type

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

7. Date of Delivery

MAR 02 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS Form 3811 December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 593

US Postal Service
Receipt for Certified Mail
TC/OK 1993-M
c/o Texas Commerce Bank
Post Office Box 910864
Dallas, TX 75391-0864

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

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:

Lyle B. Gallivan and
Mary Boxel
8470 W. 4th Avenue
Lakewood, CO 80226

4a. Article Number

P 551 044 594

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 594

US Postal Service
Receipt for Certified Mail

Lyle B. Gallivan and
Mary Boxel
8470 W. 4th Avenue
Lakewood, CO 80226

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

P 551 044 595

US Postal Service
Receipt for Certified Mail

Ronald C. Agel
279 Marlborough Street
Boston, MA 02116

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ronald C. Agel 279 Marlborough Street Boston, MA 02116		4a. Article Number P 551 044 595	
5. Received By: (Print name) MAR 2 MD S 6. Signature (Required for Article) X		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
PS Form 3811, December 1994		7. Date of Bill (mm/dd/yy) 02/26/98 8. Addressee's Address (Only if requested and left blank)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 596
US Postal Service
Receipt for Certified Mail

Branex Resources Inc.
Post Office Box 2328
Roswell, NM 88202-2328

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Branex Resources Inc. Post Office Box 2328 Roswell, NM 88202-2328		4a. Article Number P 551 044 596	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Insured	
6. Signature: (Addressee or Agent) X [Signature]		7. Date of Delivery MAR 2 1998 8820	
PS Form 3811, December 1994		8. Addressee's Address (only if requested and fee is paid) [Signature] 1998 USPS	

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

SENDER:

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

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

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

3. Article Addressed to:

D-M Corporation
Post Office Box 1196
Englewood, CO 80150

4a. Article Number

P 551 044 597

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)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 597

US Postal Service
Receipt for Certified Mail

D-M Corporation
Post Office Box 1196
Englewood, CO 80150

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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 Jane Shelley Favor
Post Office Box 96
Hayneville, AL 36040

4a. Article Number

P 551 044 598

4b. Service Type

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

7. Date of Delivery

5-11-98

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

P 551 044 598

US Postal Service
Receipt for Certified Mail

Mary Jane Shelley Favor
Post Office Box 96
Hayneville, AL 36040

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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:

Les R. Honeyman
3806 Crestridge
Midland, TX 79707

4a. Article Number

P 551 044 599

4b. Service Type

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

7. Date of Delivery

2 28

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Les R. Honeyman
PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 599

US Postal Service
Receipt for Certified Mail

Les R. Honeyman
3806 Crestridge
Midland, TX 79707

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

P 551 044 600

US Postal Service

Receipt for Certified Mail

Joseph K. Morgan
and Madge B. Morgan
518 17th Street, Suite 545
Denver, CO 80202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

PS Form 3800, April 1995

P 551 044 601
US Postal Service
Receipt for Certified Mail

L. E. Oppermann
500 W. Texas, Suite 830
Midland, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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

<p>SENDER:</p> <ul style="list-style-type: none"> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>L. E. Oppermann 500 W. Texas, Suite 830 Midland, TX 79701</p>		<p>4a. Article Number</p> <p>P 551 044 601</p>	
<p>5. Received By: (Print Name)</p>		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>6. Signature: (Addressee or Agent)</p> <p><i>L. E. Oppermann</i></p>		<p>7. Date of Delivery</p> <p>2/26</p>	
<p>PS Form 3811, December 1994</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

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:

David J. Sorenson
Post Office Box 1453
Roswell, NM 88202-1453

4a. Article Number

P 551 044 602

4b. Service Type

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

7. Date of Delivery

3-2-98

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

5. Received By: (Print Name)

David J. Sorenson

6. Signature: (Addressee or Agent)

X David J. Sorenson

PS Form 3811, December 1994

Domestic Return Receipt

P 551 044 602
US Postal Service
Receipt for Certified Mail

David J. Sorenson
Post Office Box 1453
Roswell, NM 88202-1453

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

PS Form 3800, April 1995

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:

Wilson Revocable Trust
1013 East 5400 South
SO Ogden, UT 84405

4a. Article Number
P 551 044 603

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

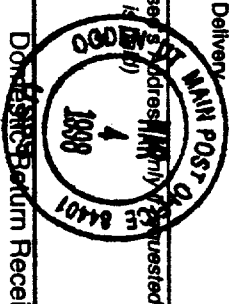
6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Print Name and fee is \$1.00)

PS Form 3811, December 1994

Don't Miss Return Receipt



Thank you for using Return Receipt Service.

P 551 044 603

US Postal Service
Receipt for Certified Mail

Wilson Revocable Trust
1013 East 5400 South
SO Ogden, UT 84405

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Nuevo Seis Inc.
 Post Office Box 182
 Roswell, NM 88202-0182

4a. Article Number

P 551 044 604

4b. Service Type

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

7. Date of Delivery

2/28/98

5. Received By: (Print Name)

Mavis E. Schmitt

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

6. Signature: (Addressee or Agent)

X *Mavis E. Schmitt*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 604

US Postal Service
Receipt for Certified Mail

Nuevo Seis Inc.
 Post Office Box 182
 Roswell, NM 88202-0182

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

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 before 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:

Alan R. Hannifin
518 17th Street, Suite 540
Denver, CO 80202

4a. Article Number

P 551 044 605

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 605

US Postal Service
Receipt for Certified Mail

Alan R. Hannifin
518 17th Street, Suite 540
Denver, CO 80202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3811, April 1995

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:

F. Andrew Grooms
Post Office Box 2328
Roswell, NM 88202-2328

4a. Article Number

P 551 044 743

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt Requested
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

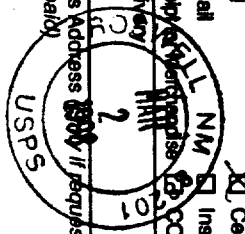
8. Addressee's Address (if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: Addressee or Agent *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt



P 551 044 743

US Postal Service
Receipt for Certified Mail

F. Andrew Grooms
Post Office Box 2328
Roswell, NM 88202-2328

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

P 551 044 744

US Postal Service

Receipt for Certified Mail

Dawn E. Coluccci
Post Office Box 140145
Brooklyn, NY 11214

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

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:

Nancy L. McMurtrie
125 E. First Avenue
Appleton, WI 54911

4a. Article Number

P 551 044 745

4b. Service Type

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

7. Date of Delivery

3-2

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *[Signature]* N. L. McMurtrie

PS Form 3800, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 745

US Postal Service
Receipt for Certified Mail

Nancy L. McMurtrie
125 E. First Avenue
Appleton, WI 54911

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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:

Bruce C. Martens
Post Office Box 22900
Denver, CO 80222-0900

4a. Article Number

P 551 044 746

4b. Service Type

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

7. Date of Delivery

8. Address of Addressee (Or, if requested and fee paid, addressee's address)

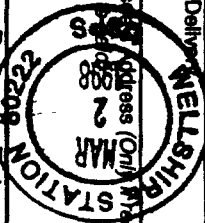
5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X Martens

PS Form 3811, December 1994

Domestic Return Receipt



Thank you for using Return Receipt Service.

P 551 044 746

US Postal Service
Receipt for Certified Mail

Bruce C. Martens
Post Office Box 22900
Denver, CO 80222-0900

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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

SENDER:

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

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

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

3. Article Addressed to:

Charles W. Peck
3333 Paintbrush Drive
Gillette, WY 82718

4a. Article Number

P 551 044 747

4b. Service Type

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

7. Date of Delivery

3-3-98

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X Charles W. Peck

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 747

US Postal Service

Receipt for Certified Mail

Charles W. Peck
3333 Paintbrush Drive
Gillette, WY 82718

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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:

Carla E. Salmon
2733 W. Wisconsin Avenue
Appleton, WI 54911

4a. Article Number

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

3/5/98

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

5. Received By: (Print Name)

Douglas D. Salmon

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 482

US Postal Service
Receipt for Certified Mail

Carla E. Salmon
2733 W. Wisconsin Avenue
Appleton, WI 54911

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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:

Southwest Royalties Inc.
Post Office Box 970613
Dallas, TX 75397-0613

4a. Article Number

PS51 044 483

4b. Service Type

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

7. Date of Delivery

MAR 01 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Alber Reed

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 483

US Postal Service
Receipt for Certified Mail

Southwest Royalties Inc.
Post Office Box 970613
Dallas, TX 75397-0613

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

PS Form 3800, April 1995

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. Barr
5716 Hillcrest Place
Midland, TX 79707

4a. Article Number

P 551 044 484

4b. Service Type

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

7. Date of Delivery

2-28-98

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 484

US Postal Service
Receipt for Certified Mail

Richard K. Barr
5716 Hillcrest Place
Midland, TX 79707

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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

SENDER:

- Complete item 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:

Christine M. Bilberry
2253 Calle Cuesta
Santa Fe, New Mexico 87505

4a. Article Number

P551 044 485

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise ☐ Insured

7. Date of Delivery

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

Only if requested

5. Received By: (Print Name)

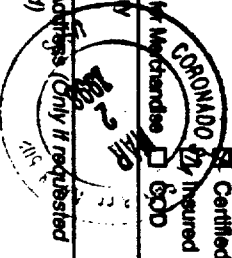
CHRISTINE BILBERRY

6. Signature: (Addressee or Agent)

X Christine Bilberry

PS Form 3811, December 1994

Domestic Return Receipt



P 551 044 485

US Postal Service
Receipt for Certified Mail

Christine M. Bilberry
2253 Calle Cuesta
Santa Fe, New Mexico 87505

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

PS Form 3800 April 1995

Thank you for using Return Receipt Service.

P 551 044 486
US Postal Service
Receipt for Certified Mail

Gayle A. Dalton
122 Broadmoor
Marble Falls, TX 78654

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return the card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Gayle A. Dalton 122 Broadmoor Marble Falls, TX 78654		4a. Article Number P 551 044 486	
5. Received By: (Print Name) X <i>Gayle A. Dalton</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X <i>Gayle A. Dalton</i>		7. Date of Delivery 2/5/98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

SENDER:

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

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

3. Article Addressed to:

Thomas J. Depke
2027 Country Field Drive
Chesterfield, MO 63017

4a. Article Number

P 551 044 487

4b. Service Type

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

7. Date of Delivery

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

PS Form 3811, December 1994

Domestic Return Receipt

6. Signature: (Addressee or Agent)

Thomas J. Depke

5. Received By: (Print Name)

P 551 044 487

US Postal Service
Receipt for Certified Mail

Thomas J. Depke
2027 Country Field Drive
Chesterfield, MO 63017

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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 before 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:

DGQ Passive Income Part. 1987
5075 Shoreham, Suite 240
San Diego, CA 92122-3954

4a. Article Number

P 551 044 488

4b. Service Type

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

7. Date of Delivery

MAR 6 1998

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 488

US Postal Service
Receipt for Certified Mail

DGQ Passive Income Part. 1987
5075 Shoreham, Suite 240
San Diego, CA 92122-3954

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

PS Form 3800, April 1995

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:

Milton R. Fry
11014 Hidden Bend Drive
Houston, TX 77064

4a. Article Number

P 551 044 489

4b. Service Type

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

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

P 551 044 489

US Postal Service
Receipt for Certified Mail

Milton R. Fry
11014 Hidden Bend Drive
Houston, TX 77064

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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:

William C. Lonquist, Jr.
13707 Queensbury
Houston, TX 77079

4a. Article Number

P 551 044 490

4b. Service Type

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

7. Date of Delivery

3/3/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 490

US Postal Service
Receipt for Certified Mail

William C. Lonquist, Jr.
13707 Queensbury
Houston, TX 77079

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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

SENDER:

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

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

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

3. Article Addressed to:

Millis H. Oakes
1041 Riviera Drive
Canyon Lake, TX 78133

4a. Article Number

PS51 044 491

4b. Service Type

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

7. Date of Delivery

03-03-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Millis H. Oakes

S Pms

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 491

US Postal Service
Receipt for Certified Mail

Millis H. Oakes
1041 Riviera Drive
Canyon Lake, TX 78133

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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:

Elizabeth Trudeau Overly
11410 Shadow Way
Houston, TX 77024

4a. Article Number

P 551 044 492

4b. Service Type

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

7. Date of Delivery

02-28-98

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

P 551 044 492

US Postal Service
Receipt for Certified Mail

Elizabeth Trudeau Overly
11410 Shadow Way
Houston, TX 77024

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

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

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

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

3. Article Addressed to:

Clyde E. Phillips
2532 Lema Rd. #8
Rio Rancho, NM 87124

4a. Article Number

P 551 044 493

4b. Service Type

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

7. Date of Delivery

2/27/98

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

5. Received By: (Print Name)

Clyde E. Phillips

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 493

US Postal Service
Receipt for Certified Mail

Clyde E. Phillips
2532 Lema Rd. #8
Rio Rancho, NM 87124

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

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:

UTI Energy Corp.
16800 Greenspoint Park #225N
Houston, TX 77060

4a. Article Number

P 551 044 494

4b. Service Type

- ☐ Registered
- ☐ Certified
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

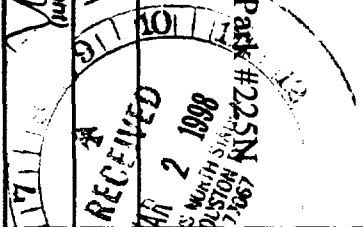
5. Received By: (Print Name)

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

6. Signature of Addressee or Agent

PS Form 3811, December 1994

Domestic Return Receipt



P 551 044 494

US Postal Service
Receipt for Certified Mail

UTI Energy Corp.
16800 Greenspoint Park #225N
Houston, TX 77060

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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 before 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:

Scott E. Wilson
4512 Bent Tree Trail
Midland, TX 79707-1449

4a. Article Number

P 551 044 495

4b. Service Type

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

7. Date of Mailing

FEB 6 1998

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Scott E. Wilson
X Scott E. Wilson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 495

US Postal Service
Receipt for Certified Mail

Scott E. Wilson
4512 Bent Tree Trail
Midland, TX 79707-1449

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

P 551 044 496
 US Postal Service
Receipt for Certified Mail
 WTG Exploration Inc.
 Attn: Jeff Latimer
 401 West Wadley Avenue
 Midland, TX 79705-5339

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: WTG Exploration Inc. Attn: Jeff Latimer 401 West Wadley Avenue Midland, TX 79705-5339		4a. Article Number P551 044 496	
5. Received By: (Print Name) K Campbell		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X K Campbell		7. Date of Delivery 3-2-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

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

SENDER:

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

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

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

3. Article Addressed to:

Thomas R. Smith
1505 South Country Road 1130
Midland, TX 79701

4a. Article Number

P 551 044 497

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt Requested
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

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

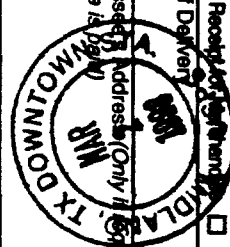
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt



Thank you for using Return Receipt Service.

P 551 044 497

US Postal Service

Receipt for Certified Mail

Thomas R. Smith
1505 South Country Road 1130
Midland, TX 79701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	FEB 26 1998

PS Form 3800, April 1995

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:

Rex P. Spear
603 Seco
Hobbs, NM 88240

4a. Article Number

P551 044 498

4b. Service Type

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery

2-28-98

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 551 044 498

US Postal Service
Receipt for Certified Mail

Rex P. Spear
603 Seco
Hobbs, NM 88240

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

PS Form 3800, April 1995

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:

Santa Fe Energy Resources, Inc.
Post Office Box 911701
Dallas, TX 75391-1701

4a. Article Number

P 551 044 499

4b. Service Type

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

7. Date of Delivery

MAR 22 1998

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.

P 551 044 499

US Postal Service
Receipt for Certified Mail

Santa Fe Energy Resources, Inc.
Post Office Box 911701
Dallas, TX 75391-1701

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
FEB 26 1998	

PS Form 3800 April 1995

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:

The Caswell Silver Partnership
c/o P&M Petroleum Management
1600 Broadway, Suite 625
Denver, CO 80202

4a. Article Number

P 551 044 455

4b. Service Type

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

7. Date of Delivery

MAR 2 1998

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.

P 551 044 455

US Postal Service

Receipt for Certified Mail

The Caswell Silver Partnership
c/o P&M Petroleum Management
1600 Broadway, Suite 625
Denver, CO 80202

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995

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:

Pogo Producing Company
Attn: Land Department
Post Office Box 10340
Midland, TX 79702-7340

4a. Article Number

P 551 044 463

4b. Service Type

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

7. Date of Delivery

Feb 26 1998

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.

P 551 044 463

U.S. Postal Service

Pogo Producing Company
Attn: Land Department
Post Office Box 10340
Midland, TX 79702-7340

Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date FEB 26 1998	

PS Form 3800, April 1995