

BEFORE THE OIL CONSERVATION DIVISION
SANTA FE, NEW MEXICO
MARATHON OIL CO. EXHIBIT NO. 26
CASE NO. 12006
JULY 9, 1998

KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285
TELEFAX (505) 982-2047

W. THOMAS KELLAHIN*

*NEW MEXICO BOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

June 17, 1998

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

**TO: ALL INTERESTED PARTIES ENTITLED TO NOTICE
OF THE HEARING OF THE FOLLOWING NEW MEXICO
OIL CONSERVATION DIVISION CASE:**

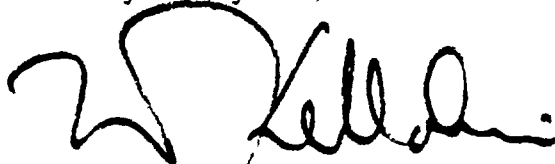
***Re: Application of Marathon Oil Company, Yates Petroleum
Corporation, Oryx Energy Company, Devon Energy
Corporation (Nevada) and Santa Fe Energy Resources,
Inc. to expand the Indian Basin-Upper Pennsylvanian Gas
Pool, and other relief. Eddy County, New Mexico.***

On behalf of Marathon Oil Company, et. al, please find enclosed a copy of the referenced application. This case has been set for hearing on the New Mexico Oil Conservation Division Examiner's docket now scheduled for July 9, 1998. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

As an interest owner or operator who may be affected by this application, we are notifying you of your right to appear at the hearing and participate in this case, including the right to present evidence either in support of or in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, July 3, 1998, with a copy delivered to the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'W. Thomas Kellahin', written over a horizontal line.

W. Thomas Kellahin

Mary Ellen Johnston
2715 North Kentucky #16
Roswell NM 88201-5868

Dorothy C Frenzel
130 Abell Hanger Cir
Midland TX 79707-6140

Roswell Museum and Art Center
Foundation
100 West Eleventh Street
Roswell NM 88201-4910

Rimco Partners LP I
c/o Rimco Associates Inc
22 Waterville Rd
Avon CT 06001-2066

Rimco Partners LP II
c/o Rimco Associates Inc
22 Waterville Rd
Avon CT 06001-2066

Rimco Partners LP III
c/o Rimco Associates
22 Waterville Rd
Avon CT 06001-2066

New Mexico Oil Corporation
P O Box 1714
Roswell NM 88202-1714

Jeffrey D Landua
P O Box 3101
Abilene TX 79604-3101

Sandra Taylor Landua
2004 Community Lane
Midland TX 79701-4016

Sabine Royalty Trust
Nations Bank of Texas Escrow Agent
Department 0887
Dallas TX 75284-0887

Wills Royalty Inc
P O Box 1658
Carlsbad NM 88221-1658

Minerals Management Service
P O Box 5810 TA
Denver CO 80217-5810

Devon Energy Corporation (Nevada)
Kerr McGee Acquisition
P O Box 843559
Dallas TX 75284-3559

Merit Group II Partnership
P O Box 351
Midland TX 79702-0351

Claremont Corporation
P O Box 549
Claremore OK 74018-0549

Texas Independent Exploration Inc
1600 Smith Suite 3800
Houston TX 77002-7345

Nearburg Exploration Company L.L.C.
P O Box 823085
Dallas TX 75382-3085

Gladys Gay Lebreton
NO ADDRESS

Ross L Malone Testamentary Trust
Baynard W Malone Trustee
P O Box 87
Roswell NM 88201

The Elwood Foundation Raybourne
Thompson, C'Marie Gross & DC Elwood,
Trustees
NO ADDRESS

Minerals Mangement Service
Royalty Management Program
P O Drawer 1857
Roswell NM 88201

Gilbert J Eaton
461 Rittenhouse Blvd
Jeffersonville PA 19403

Mrs Gilbert J Sevier Trust
Marion S Jobe & Gilbert Sevier Jr
- Trustees
NO ADDRESS

c/o Sue Hill The Lyons Club Foundation
1980 Post Oak Blvd
Suite 2110
Houston TX 77056

Virginia E Eaton
461 Rittenhouse Blvd
Jeffersonville PA 19403

June D Speight
P O Box 1687
Lovington NM 88260

Lunt Trust
First Natl Bank of Santa Fe, Trustee
P O Box 1588
Tulsa OK 74101

Russell D Mann
1908 W Caroline Way
Roswell NM 88201

Michael George Hanagan
P O Box 1737
Roswell NM 88202

Moore Trust
Betty Jane Moore & Michael Harrison
Moore, Trustees
P O Box 10908
Midland TX 79702

Hoover H Wright
P O Box 2312
Santa Fe NM 87504-2312

Kathryn Burger Richardson Executrix
Estate of E R Richardson
c/o Paula Kaufman
P O Box 91
Glorieta NM 87535-0091

Louis Dreyfus Natural Gas Corp
P O Box 960116
Oklahoma City OK 73196-0116

The Home-Stake Oil & Gas Company
2800 First National Tower
Tulsa OK 74103-0000

Ashmar Oil Company
c/o John A Howell
1250 Humboldt Street #404
Denver CO 80218-2450

Estate of Howard W Jennings
Peggy P Jennings Executrix
DBA Jennings Production Company
P O Box 670326
Dallas TX 75367-0326

Charles Hinton
9426 Sanford
Houston TX 77031-2218

Joe B Schutz
5601 Taylor Ranch Dr NW
Albuquerque NM 87120-2661

Parker Wilson
P O Box 1297
Santa Fe NM 87504-1297

Bonnie M Morrison
1200 California Street Apt 17A
San Francisco CA 94109-5075

John C Stanfield
2314 Maxwell
Midland TX 79705-4910

James P Murphy
2817 Stutz Drive
Midland TX 79705-4929

Charles W Perry Jr
P O Box 371
Midland TX 79702-0371

Robert D Anson Trustee
2503 Culpepper Drive
Midland TX 79705-6318

Sarah Louise Harrington
2602 Bay Meadows Drive
Roswell NM 88201-5204

Hugh E Hanagan
P O Box 329
Roswell NM 88202-0329

Nolan H Brunson Jr
P O Box 1039
Hobbs NM 88241-1039

Paul W Eaton Jr
P O Box 12118
Amarillo TX 79101-0000

Richard P Montoya
1425 S Galisteo
Santa Fe NM 87505-4669

The Donald B Anderson Foundation
c/o Anderson Oil Company
1060 Three Park Central
Denver CO 80202-0000

Barbara B Talento
3785 Mauna Loa Street
Brea CA 92823-6328

W L Furche
301 North Colorado Street
Mid-America Bldg Suite 108
Midland TX 79701-4617

Ralph A Shugart Trust
Elizabeth Duncan Special Trustee
300 South Jackson St Ste 500
Denver CO 80209-3133

Hanagan Properties
P O Box 1887
Santa Fe NM 87504-1887

Elinor M Chase
1303 W Kansas
Midland TX 79701-6036

Marjorie F Chase
1303 W Kansas
Midland TX 79701-6036

Mary Ann Chase
89 Sunnyside Drive
Athens OH 45701-1921

Samuel Chase
19 Bonita St
Sausalito CA 94965-2113

Steve Chase
1303 W Kansas
Midland TX 79701-6036

E Bernard Johnston
2715 N Kentucky #16
Roswell NM 88201-5868

MW Petroleum Corporation
P O Box 841690
Dallas TX 75284-1690

Debra Ann Hill Revocable Trust
Debra A Hill, Trustee
P O Box 1887
Santa Fe NM 87504

Bryan Bell Family
Limited Partnership #1
1331 Third Street
New Orleans LA 70130

Earl L Malone MD
2501 Cortez
Roswell NM 88201

Robert Wallace Hanagan
P O Box 430
Roswell NM 88202-0430

Ruby Crosby Bell - Family Ltd Prtnshp #1
1331 Third Street
New Orleans LA 70130

The Andersen-Malone Trust
P O Box 87
Roswell NM 88202

Timothy Edward Hanagan
P O Box 3908
Durango CO 81302

Diverse GP II c/o NCNB Texas National
P O Box 2059
San Antonio TX 78297-2059

Charles F Malone
Charles F Malone & Margaret T Malone, Co-
Trustees
P O Drawer 700
Roswell NM 88202

Brain Hugh Hanagan
9222 Forrest Hills Blvd
Dallas TX 75218

Lindenmuth and Associated Inc
510 Hearn Street Suite 200
Austin TX 78703

Barber Oil Exploration
P O Box 1772
Hobbs NM 88241

A.B. Goldston
NO ADDRESS

Menasco Marital Trust
Ione Newsom Menasco and Wells Fargo
Bank NA, Trustee
P O Box 650291
Dallas TX 75265-0291

Jack P Brook & Mary Jo Brook
400 Poyors Street
Suite 2500
New Orleans LA 70130

Neville G Penrose Testamentary Trust
Patricia Penrose Schieffer Successor
Trust
1000 Ballpark Ave Suite 300
Arlington TX 76011

Estelle L Shepherd
5739 Indian Circle
Houston TX 77057-1302

R P Bushman Jr Estate Trust
Anne Holton Bushman, Trustee
1980 Post Oak Blvd #2110
Houston TX 77056

James A Elkins Jr
1166 First City Tower
1001 Fannin
Houston TX 77002

Fourway Oil Company
P O Box 2185
Longview TX 75606

Yates Petroleum Corporation
Yates Drilling Company, Abo Petroleum
Corporation, Myco Industries, Inc.
105 South Fourth Street
Artesia NM 88210

Santa Fe Energy Resources Inc
P O Box 911701
Dallas TX 75284-1690

Elizabeth A Malone Testamentary Trust for
the benefit of Edna M Schwarz, Baynard W
Malone, Trustee
P O Box 87
Roswell NM 88201

Marathon Oil Company
Dept 0882
P O Box 120001
Dallas TX 75312-0882

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

Union Texas Petroleum Corporation
1330 Post Oak Blvd.
Houston TX 77056

Nearburg Producing Company
3300 North "A" Street
Building 2, Suite 120
Midland TX 79705

Santa Fe Energy Resources Inc
550 West Texas
Suite 1330
Midland TX 79701

State of New Mexico
Commissioner of Public Lands
Larry Kehoe, Assistant Commissioner
P O Box 1148
Santa Fe NM 87504

Oryx Energy Company
P O Box 2880
Dallas TX 75221-2880

Bureau of Land Management
620 East Greene Street
Carlsbad NM 88229-6292

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
Elizabeth A Malone Testamentary Trust for the benefit of Edna M Schwarz, Baynard W Malone, Trustee P O Box 87 Roswell NM 88201	P137 406 881	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	6-12-98
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)			
X <i>[Signature]</i>			
PS Form 3811, December 1994			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
Devon Energy Corp (Nevada) 20 N Broadway, Suite 1500 Oklahoma City OK 73102	P137 406 883	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	6-22
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)			
X <i>[Signature]</i>			
PS Form 3811, December 1994			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
Marathon Oil Company Dept 0882 P O Box 120001 Dallas TX 75312-0882	P137 406 882	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	JUN 18 1998
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
D. BLACKMAN			
6. Signature: (Addressee or Agent)			
X <i>[Signature]</i>			
PS Form 3811, December 1994			

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:	4a. Article Number	4b. Service Type	7. Date of Delivery
Union Texas Petroleum Corporation 1330 Post Oak Blvd. Houston TX 77056	P137 406 884	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	6-18-98
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)			
X <i>[Signature]</i>			
PS Form 3811, December 1994			

Domestic Return Receipt

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ 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: Santa Fe Energy Resources Inc P O Box 911701 Dallas TX 75284-1690		4a. Article Number 2137 406 880	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) _____		7. Date of Delivery JUN 23 1990	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) _____	

Thank you for using Return Receipt Service.

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Bureau of Land Management 620 East Greene Street Carlsbad, NM 88229-6292		4a. Article Number 2 137 406 889	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) _____		7. Date of Delivery JUN 19 1990	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) _____	

Thank you for using Return Receipt Service.

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3. Article Addressed to: Yates Petroleum Corporation Yates Drilling Company, Abo Petroleum Corporation, Myco Industries, Inc. 105 South Fourth Street Artesia NM 88210		4a. Article Number 2137 406 879	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) _____		7. Date of Delivery JUN 17 1990	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) _____	

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SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Onyx Energy Company P O Box 2880 Dallas TX 75221-2880		4a. Article Number 2137 406 888	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) _____		7. Date of Delivery JUN 16 1990	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) _____	

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: Estelle L Shepherd 5739 Indian Circle Houston TX 77057-1302		4a. Article Number E137 406 875	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 6-22-98	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>Estelle L Shepherd</i>		8. Addressee's Address (Only if requested and fee is paid)	
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 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: James A Elkins Jr 1166 First City Tower 1001 Fannin Houston TX 77002		4a. Article Number E137 406 877	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 9 JUN 1998	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>James A Elkins Jr</i>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

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3. Article Addressed to: R P Bushman Jr Estate Trust Anne Holton Bushman, Trustee 1980 Post Oak Blvd #2110 Houston TX 77056		4a. Article Number E137 406 876	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 6/18/98	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>R P Bushman Jr</i>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Rec	

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: Fourway Oil Company P O Box 2185 Longview TX 75606		4a. Article Number E137 406 878	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery JUN 22 1998	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) <i>James A Elkins Jr</i>		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102595-97-B-0179 Domestic Return Rec	

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:	4a. Article Number	4b. Service Type	
Diverse GP II c/o NCNB Texas National P O Box 2059 San Antonio TX 78297-2059	E137 406 867	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)	
SAVAS, Carla	18 JUN 1998		
6. Signature: (Addressee or Agent)			
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 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:	4a. Article Number	4b. Service Type	
Lindenmuth and Associated Inc 510 Hearn Street Suite 200 Austin TX 78703	E137 406 870	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)	
K.S. TOTH			
6. Signature: (Addressee or Agent)			
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 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:	4a. Article Number	4b. Service Type	
Charles F Malone Charles F Malone & Margaret T Malone, Co-Trustees P O Drawer 700 Roswell NM 88202	E137 406 868	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)	
Charles F Malone	6-17-98		
6. Signature: (Addressee or Agent)			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to:	4a. Article Number	4b. Service Type	
Jack P Brook & Mary Jo Brook 400 Poyors Street Suite 2500 New Orleans LA 70130	E137 406 873	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)	
	JUN 18 1998		
6. Signature: (Addressee or Agent)			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	
Earl L Malone MD 2501 Cortez Roswell NM 88201	137 406 862	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery		
	6-17-94		
6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)		
<i>[Signature]</i>			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	
Ruby Crosby Bell - Family Ltd Ptns #1 1331 Third Street New Orleans LA 70130	137 406 864	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery		
	6-18-94		
6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)		
<i>[Signature]</i>			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	
Robert Wallace Hanagan P O Box 430 Roswell NM 88202-0430	137 406 863	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery		
	6-17-94		
6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)		
<i>[Signature]</i>			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to:	4a. Article Number	4b. Service Type	
Timothy Edward Hanagan P O Box 3908 Durango CO 81302	137 406 866	<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)	7. Date of Delivery		
	6-20-94		
6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)		
<i>[Signature]</i>			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to: Michael George Hanagan P O Box 1737 Roswell NM 88202		4a. Article Number 137 406 857	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 6-17-98	
8. Addressee's Address (Only if requested and fee is paid)			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to: Debra Ann Hill Revocable Trust Debra A Hill, Trustee P O Box 1887 Santa Fe NM 87504		4a. Article Number 137 406 860	
5. Received By: (Print Name) Debra A Hill		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) Debra A Hill		7. Date of Delivery 6-18-98	
8. Addressee's Address (Only if requested and fee is paid)			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to: Moore Trust Betty Jane Moore & Michael Harrison Moore, Trustees P O Box 10908 Midland TX 79702		4a. Article Number 137 406 858	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 6-18-98	
8. Addressee's Address (Only if requested and fee is paid)			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to: Bryan Bell Family Limited Partnership #1 1331 Third Street New Orleans LA 70130		4a. Article Number 137 406 861	
5. Received By: (Print Name) Bryan Bell		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) Bryan Bell		7. Date of Delivery 6-18-98	
8. Addressee's Address (Only if requested and fee is paid)			
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to: Texas Independent Exploration Inc 1600 Smith Suite 3800 Houston TX 77002-7345		4a. Article Number E 137 406 849	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 6-7-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Ross L Malone Testamentary Trust Baynard W Malone Trustee P O Box 87 Roswell NM 88201		4a. Article Number E 137 406 849	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 6-17-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Nearburg Exploration Company L.L.C. P O Box 823085 Dallas TX 75382-3085		4a. Article Number E 137 406 848	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 6-18-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

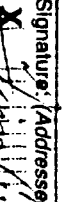
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" 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: Gilbert J Eaton 461 Rittenhouse Blvd Jeffersonville PA 19403		4a. Article Number E 137 406 851	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		7. Date of Delivery 6-19-98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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3. Article Addressed to: Devon Energy Corporation (Nevada) Kerr McGee Acquisition P O Box 843559 Dallas TX 75284-3559		4a. Article Number P 137 406 844	
5. Received By: (Print Name) Jackie J. Robinson		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 18 1991	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
102595-97-B-0179		Domestic Return Receipt	


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3. Article Addressed to: Merit Group II Partnership P O Box 351 Midland TX 79702-0351		4a. Article Number Z 137 406 845	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 18 1991	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
102595-97-B-0179		Domestic Return Receipt	

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3. Article Addressed to: c/o Sue Hill The Lyons Club Foundation 1980 Post Oak Blvd Suite 2110 Houston TX 77056		4a. Article Number P 137 406 852	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 18 1991	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
102595-97-B-0179		Domestic Return Receipt	

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3. Article Addressed to: Claremont Corporation P O Box 549 Claremore OK 74018-0549		4a. Article Number P 137 406 846	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 18 1991	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
102595-97-B-0179		Domestic Return Receipt	

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

SENDER:

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

3. Article Addressed to:

Sandra Taylor Landua
2004 Community Lane
Midland TX 79701-4016

4a. Article Number
137 406 840

4b. Service Type

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

7. Date of Delivery
JUN 18 1998

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

6. Signature: (Addressee or Agent)
[Signature]

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

3. Article Addressed to:

Wills Royalty Inc
P O Box 1658
Carlsbad NM 88221-1658

4a. Article Number
137 406 842

4b. Service Type

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

7. Date of Delivery
JUN 18 1998

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

6. Signature: (Addressee or Agent)
[Signature]

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

Thank you for using Return Receipt Service.

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SENDER:

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

3. Article Addressed to:

Sabine Royalty Trust
Nations Bank of Texas Escrow Agent
Department 0887
Dallas TX 75284-0887

4a. Article Number
137 406 841

4b. Service Type

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

7. Date of Delivery
JUN 18 1998

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

6. Signature: (Addressee or Agent)
[Signature]

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

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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.

3. Article Addressed to:

Minerals Management Service
P O Box 5810 TA
Denver CO 80217-5810

4a. Article Number
137 406 843

4b. Service Type

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

7. Date of Delivery
JUN 18 1998

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

6. Signature: (Addressee or Agent)
[Signature]

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

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that 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:

4a. Article Number **P137 406 836**

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery **6-17-98**

5. Received By: (Print Name)

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

6. Signature: (Addressed to Agent)

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

Thank you for using Return Receipt Service.

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:

4a. Article Number **P137 406 838**

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery **6-17-98**

5. Received By: (Print Name)

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

6. Signature: (Addressed to Agent)

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

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number **P137 406 837**

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery **6-17-98**

5. Received By: (Print Name)

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

6. Signature: (Addressed to Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

4a. Article Number **P137 406 839**

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery **JUN 17 1998**

5. Received By: (Print Name)

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

6. Signature: (Addressed to Agent)

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

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Is your RETURN ADDRESS completed on the reverse side?

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

3. Article Addressed to:
 Nolan H Brunson Jr
 P O Box 1039
 Hobbs NM 88241-1039

4a. Article Number
P 137 406 818

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

7. Date of Delivery
6-23

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

5. Received By: (Print Name)
Steve

6. Signature: (Addressee or Agent)
X [Signature]

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

3. Article Addressed to:
 Steve Chase
 1303 W Kansas
 Midland TX 79701-6036

4a. Article Number
P 137 406 830

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

7. Date of Delivery
6-17

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

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

3. Article Addressed to:
 Samuel Chase
 19 Bonita St
 Sausalito CA 94965-2113

4a. Article Number
P 137 406 829

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

7. Date of Delivery
6-20-98

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

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

Is your RETURN ADDRESS completed on the reverse side?

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

3. Article Addressed to:
 E Bernard Johnston
 2715 N Kentucky #16
 Roswell NM 88201-5868

4a. Article Number
P 137 406 831

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

7. Date of Delivery
6-20-98

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

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

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

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3. Article Addressed to: Charles W Perry Jr P O Box 371 Midland TX 79702-0371		4a. Article Number 137 406 814	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		8. Addressee's Address (Only if requested and fee is paid) [Stamp: 17, USPS, WZN]	
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 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: Sarah Louise Harrington 2602 Bay Meadows Drive Roswell NM 88201-5204		4a. Article Number 137 406 816	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		8. Addressee's Address (Only if requested and fee is paid) [Stamp: 17, USPS, WZN]	
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

Thank you for using Return Receipt Service.

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3. Article Addressed to: Robert D Anson Trustee 2503 Culpepper Drive Midland TX 79705-6318		4a. Article Number 137 406 815	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		8. Addressee's Address (Only if requested and fee is paid) [Stamp: 17, USPS, WZN]	
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?

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3. Article Addressed to: Hugh E Hanagan P O Box 329 Roswell NM 88202-0329		4a. Article Number 137 406 817	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) [Signature]		8. Addressee's Address (Only if requested and fee is paid) [Stamp: 17, USPS, WZN]	
PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

Thank you for using Return Receipt Service.

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3. Article Addressed to: Barber Oil Exploration P O Box 1772 Hobbs NM 88241		4a. Article Number P 137 406 871	
5. Received By: (Print Name) <i>George H. Burt</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>George H. Burt</i>		7. Date of Delivery <i>6/22</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
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 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: Neville G Penrose Testamentary Trust Patricia Penrose Schieffer Successor Trust 1000 Ballpark Ave Suite 300 Arlington TX 76011		4a. Article Number P 137 406 874	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery <i>6-17-98</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
102595-97-B-0179 Domestic Return Receipt			

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return 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: John C Stanfield 2314 Maxwell Midland TX 79705-4910		4a. Article Number P 137 406 812	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery <i>6-17-98</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
102595-97-B-0179 Domestic Return Receipt			

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SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return 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: James P Murphy 2817 Stutz Drive Midland TX 79705-4929		4a. Article Number P 137 406 813	
5. Received By: (Print Name) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery <i>6-17-98</i>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	
102595-97-B-0179 Domestic Return Receipt			

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3. Article Addressed to: Ralph A Shugart Trust Elizabeth Duncan Special Trustee 300 South Jackson St Ste 500 Denver CO 80209-3133		4a. Article Number P 137 406 824	
5. Received By: (Print Name) Elizabeth Duncan		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 23 1994	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 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 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: Minerals Management Service Royally Management Program P O Drawer 1857 Roswell NM 88201		4a. Article Number P 137 406 850	
5. Received By: (Print Name) Minerals Management Service		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 25 1994	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

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3. Article Addressed to: Mary Ann Chase 89 Sunnyside Drive Athens OH 45701-1921		4a. Article Number P 137 406 828	
5. Received By: (Print Name) Mary Ann Chase		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 24 1994	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 102595-97-B-0179 Domestic Return Receipt	

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3. Article Addressed to: Brain Hugh Hanagan 9222 Forrest Hills Blvd Dallas TX 75218		4a. Article Number P 137 406 869	
5. Received By: (Print Name) Brain Hugh Hanagan		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) 		7. Date of Delivery JUN 24 1994	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) 102595-97-B-0179 Domestic Return Receipt	

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SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return 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.

3. Article Addressed to:
W L Furche
301 North Colorado Street
Mid-America Bldg Suite 108
Midland TX 79701-4617

4a. Article Number
137 406 823

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery
6-17-98

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

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

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

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.

3. Article Addressed to:
Richard P Montoya
1425 S Galisteo
Santa Fe NM 87505-4669

4a. Article Number
137 406 820

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

5. Received By: (Print Name)
SAJZ

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery
6-17-98

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

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

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

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

3. Article Addressed to:
Barbara B Talento
3785 Mauna Loa Street
Brea CA 92823-6328

4a. Article Number
137 406 822

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery
6/18/98

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

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

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

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SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return 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.

3. Article Addressed to:
Paul W Eaton Jr
P O Box 12118
Amarillo TX 79101-0000

4a. Article Number
137 406 819

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

7. Date of Delivery
6-19-98

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

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

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?

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:	4a. Article Number	4b. Service Type	7. Date of Delivery
Bonnie M Morrison 1200 California Street Apt 17A San Francisco CA 94109-5075	P 137 406 811	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	6/19/98
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)	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.		
X <i>[Signature]</i>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
Marjorie F Chase 1303 W Kansas Midland TX 79701-6036	Z 137 406 827	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	6-17
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)	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.		
X <i>[Signature]</i>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
Elinor M Chase 1303 W Kansas Midland TX 79701-6036	Z 137 406 826	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	6-17
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)	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.		
X <i>[Signature]</i>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:	4a. Article Number	4b. Service Type	7. Date of Delivery
Hanagan Properties P O Box 1887 Santa Fe NM 87504-1887	Z 137 406 825	<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	6-17
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
6. Signature: (Addressee or Agent)	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.		
X <i>[Signature]</i>			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: The Home-Stake Oil & Gas Company 2800 First National Tower Tulsa OK 74103-0000		4a. Article Number P 137 406 803	
5. Received By: (Print Name) Charles Hinton		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery 12-19-98	
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 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: Charles Hinton 9426 Sanford Houston TX 77031-2218		4a. Article Number P 137 406 808	
5. Received By: (Print Name) Charles Hinton		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery 12/18/98	
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 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: Estate of Howard W Jennings Peggy P Jennings Executrix DBA Jennings Production Company P O Box 670326 Dallas TX 75367-0326		4a. Article Number P 137 406 807	
5. Received By: (Print Name) Tom Jennings		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery JUN 19 1998	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ 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: Joe B Schultz 5601 Taylor Ranch Dr NW Albuquerque NM 87120-2661		4a. Article Number P 137 406 809	
5. Received By: (Print Name) Joe B Schultz		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <i>[Signature]</i>		7. Date of Delivery 12/19/98	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ 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: Hoover H Wright P O Box 2312 Santa Fe NM 87504-2312		4a. Article Number E 137 406 800	
5. Received By: (Print Name) Hoover H. Wright		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) 		7. Date of Delivery 10/29/94	
8. Addressee's Address (Only if requested and fee is paid) 		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 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: Parker Wilson P O Box 1297 Santa Fe NM 87504-1297		4a. Article Number E 137 406 810	
5. Received By: (Print Name) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) 		7. Date of Delivery 10/29/94	
8. Addressee's Address (Only if requested and fee is paid) 		102595-97-B-0179 Domestic Return Receipt	

Thank you for using Return Receipt Service.

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SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ 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: Kathryn Burger Richardson Executrix Estate of E R Richardson c/o Paula Kaufman P O Box 91 Glorieta NM 87535-0091		4a. Article Number E 137 406 801	
5. Received By: (Print Name) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) 		7. Date of Delivery 10/29/94	
8. Addressee's Address (Only if requested and fee is paid) 		102595-97-B-0179 Domestic Return Receipt	

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3. Article Addressed to: Louis Dreyfus Natural Gas Corp P O Box 960116 Oklahoma City OK 73196-0116		4a. Article Number E 137 406 802	
5. Received By: (Print Name) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) 		7. Date of Delivery 10/29/94	
8. Addressee's Address (Only if requested and fee is paid) 		102595-97-B-0179 Domestic Return Receipt	

Z 137 406 832

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Mary Ellen Johnston
2715 North Kentucky #16
Roswell NM 88201-5868

PS Form 3800, April 1995

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 JUN 16 1998	

Z 137 406 806

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Ashmar Oil Company
c/o John A Howell
1250 Humboldt Street #404
Denver CO 80218-2450

PS Form 3800, April 1995

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 JUN 16 1998	

Is your RETURN ADDRESS completed on the reverse side?

- 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.

following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

Menasco Marital Trust
Ione Newsom Menasco and Wells Fargo
Bank NA, Trustee
P O Box 650291
Dallas TX 75265-0291

4a. Article Number

137 406 872

4b. Service Type

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

7. Date of Delivery

JUN 18 1998

5. Received By: (Print Name)

FORIO

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97 11-0179

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 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:

MW Petroleum Corporation
P O Box 841690
Dallas TX 75284-1690

4a. Article Number

137 406 859

4b. Service Type

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

7. Date of Delivery

JUN 18 1998

5. Received By: (Print Name)

Jackie J. Robinson

6. Signature: (Addressee or Agent)

X

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

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:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

The Donald B Anderson Foundation
c/o Anderson Oil Company
1060 Three Park Central
Denver CO 80202-0000

4a. Article Number

137 406 821

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service