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

APPLICATION OF MARATHON OIL COMPANY, ET.AL, FOR CONTRACTION OF INDIAN BASIN-UPPER PENN GAS POOL AND EXPANSION OF INDIAN BASIN-UPPER PENN ASSOCIATED POOL, EDDY COUNTY, NEW MEXICO.

CASE NO. 12006

CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

STATE OF NEW MEXICO)

(COUNTY OF SANTA FE)

Steve Daniels, being first duly sworn, hereby certifies that he is a landman for the Applicant and is one of the individuals responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on \(\subseteq \text{i.e.} \), 1998, he caused to be mailed by certified mail return-receipt requested the attached notice of this hearing and a copy of the first amended application for the above referenced case, at least twenty days prior to the hearing of this case set for July 9, 1998, to the parties entitled to notice of said application and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

Steve Daniels

SUBSCRIBED AND SWORN to before me this 8th day of July, 1998, by Steven Daniels.

W. Thomas Kellahin, Notary Public my commission expires April 17, 2000

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

II7 NORTH GUADALUPE

POST OFFICE BOX 2265

Telephone (505) 982-4285 Telepax (505) 982-2047

W. THOMAS KELLAHIN*
*NEW MEXICO SOARD OF LEGAL SPECIALIZATION
RECOGNIZED SPECIALIST IN THE AREA OF
NATURAL RESOURCES-OIL AND GAS LAW

JASON KELLAHIN (RETIRED 1991)

SANTA FE. NEW MEXICO 87504-2265 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,

W. Thomas Kellahin

Mary Eilen 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 Avos CT 06001-2066 Rimco Partners LP II c/o Rimco Associates Inc 22 Waterville Rd Avon CT 06001-2066 Rimco Parnters LP III c/o Rimco Associates 22 Waterville Rd Avon CT 06001-2066

New Mexico Oil Corporation P O Sox 1714 Rosnell NM 88202-1714

Jeffry 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 Sox 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 19**08 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-Maione 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 Bivd 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 lone 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

	is your <u>RETURN ADDRESS</u> completed on the reverse side?
is your <u>RETURN ADDRESS</u> completed on the reverse side?	Complete items 3, 4s, and 4b. Complete items 3, 4s, 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 mallplece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mallplece below the article number. Write 'Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: Nearburg Producing Company 3300 North "A" Street Building 2, Suite 120 Midland TX 79705 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SENDER: Complete items 1 and/or 2 for addition Complete items 3, 4a, and 4b. Print your name and address on the recard to you. Affach this form to the front of the mallipermit. Write Return Receipt Requested on the "The Return Receipt will show to whom delivered. 3. Article Addressed to: State of New Mexico Commissioner of Putillic I Larry Kehoe, Assistant C P O Box 1148 Santa Fe NM 87504 5. Received By: (Print Name) 6. Signature: (Abdressee or Agen X	CCIe Numice Typ vice Typ distered ress Mai resse's res ls pai res
Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Affach this form to the front of the mallpiece, or on the back if space does not permit. Write: Return Receipt Requested on the mallpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. State of New Mexico Commissioner of Putilic Lands 10 Commissioner 0 Commiss	t also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. The Gentified Beturn Receipt Thank Pe Gentified Return Receipt S Address (Only if requested valid) Thank Thank
that we can return this receive the following services (for an extra fee): 1. Addressee's Address rered and the date 2. Restricted Delivery 4a. Article Number Registered Registered Receipt for Merchandise Consult postmaster for fee. 137 406 887 Ab. Service Type Receipt for Merchandise COD T. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid) 102595 97-8 0179 Domestic Return Receipt	SENDER: Complete items 1 and 4b. 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. Print your name and address on the reverse of this form so that we can return this card to you. Write "Return Receipt Requested" on the malipiece, or on the back if space does not permit. Write "Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: Santa Fe Energy Resources Inc Sources Inc Sources Inc Midland TX 79701 Registers S. Received By: (Print Name) B. Addresse and the inc Registers Resources Inc Ab. Service Registers Resources Inc Ab. Service Registers Registers Resources Inc Registers Registers Registers Resources Inc Ab. Service Registers Registers Registers Registers Resources Inc Ab. Service Registers Re
	the article number. vered and the date 4a. Article Number Cons 4b. Service Type Return Receipt for Addressee's Addrend fee is paid)
	an return this so wish to receive the following services (for an extra fee): 1. Addressee's Address (Only if requested and fee is paid) 1. Also wish to receive the following services (I addressee's Addressee's Address (Only if requested and fee is paid) 1. Addressee's Address (Only if requested and fee is paid) 1. Addressee's Address (Only if requested and fee is paid) 1. Addressee's Address (Only if requested and fee is paid) 1. Addressee's Address (Only if requested and fee is paid)

it also wish to receive the following services (for an extra fee): 1. Addresse's Address 2. Restricted Delivery Consult postmaster for fee. 1. Addresse's Address 2. Restricted Delivery Consult postmaster for fee. 1. Address (Only if requested fee is paid) 1. Address (Only if requested fee is paid) 1. Addresse's Address (Only if requested fee is paid) 1. Addresse's Address (for an extra fee): 2. Address (for an extra fee): 3. Address (for an extra fee): 4. Address (for an extra fee): 1. Address (for an extra fee): 2. Address (for an extra fee): 3. Address (for an extra fee): 4. Address (for an extra fee): 5. Address (for an extra fee): 6. Address (for an extra fee): 7. Address (for an extra fee): 9. Address (for an extra fee): 1. Address (for an extra fee): 1. Address (for an extra fee): 1. Address (for an extra fee): 2. Address (for an extra fee): 3. Address (for an extra fee): 4. Address (for an extra fee): 5. Address (for an extra fee): 6. Address (for an extra fee): 1. Address (for an extra fee): 1. Address (for an extra fee): 2. Address (for an extra fee): 3. Address (for an extra fee): 4. Address (for an extra fee): 5. Address (for an extra fee): 6. Address (for an extra fe	it also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Addressee's Address Consult postmaster for fee. 1. Address (Only if requested fee is paid) 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Insured fee is paid) 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Insured fee is paid) 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Insured fee is paid) 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Insured fee is paid) 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Insured fee is paid) 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1. Insured fee is paid) 1. Receipt for were side? 1. Insured fee is paid. 1. Receipt for merchandse completed on the reverse side? 1. Restricted Delivery 2. Restricted Delivery 3. Restricted Delivery 3. Restricted Delivery 4. Receipt for were side? 4. Receipt for merchandse completed on the reverse side? 4. Restricted Delivery 5. Restricted Delivery 6. Restricted Delivery	Devon Energy Corp (Nevada) 20 N Broadway, Suite 1500 Oklahoma City OK 73102 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PS Form 3811, Decem SENDER: Complete items 1 and/or 2 for Complete items 3, 4a, and 4b Print your name and address card to you. Attach this form to the front opermit. Write 'Return Receipt Request the Permit Return Receipt will show delivered.	5. Received By: (Print Name) 6. Signaturo (Addressee or Agent) (X)	3. Article Addressed to: Elizabeth A Malone Testamentary Trust for the benefit of Edna M Schwarz, Baynard W Malone, Trustee P O Box 87 Roswell NM 88201	SENDER: "Complete items 3, 4. "Complete items 3, 4. "Print your name and card to you. "Attach this form to the permit. "Write Tratum Receipt oblivered.
The state of the s	Is your <u>RETURN ADDRESS</u> completed on the reverse side?		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	- 8	4a. Article Number 4a. Article Number 4b. Service Type Hegistered Express Mall Return Receipt for Merchandise 7. Date of Delivery	t als follon this extra t 1. Con:
	is your <u>HE TURN ADDRESS</u> completed on the reverse side?			Thank you	i for using Return Rec	eipt Service.

<u>B</u>	,τι	nank v	ou for	usin	6 a 8 •	turi	n Red	eir		ig ica		eipt	-	Thank	you fo	or us	Fine	·ified g Ro	etur	m Rec	eip	ح t Sei	es vice) <u>.</u>	
le	s your <u>F</u>	RETUR	N ADI	DRES	<u>S</u> cc	mp	letec	i on	the r	eve		ls		RETUE										_	ď
PS Form 38)11, December 1994/	6. Signature: Addressee of Agent)	5. Received By: (Print Name)			Houston TX 77056	1330 Post Oak Blvd.	Union Texas Petroleum Corporation	3 Article Addressed to:	 Write Return Receipt Requested on the malipiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 	 Attach this form to the front of the mallplece, or on the back if space does not bermit. 	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.	PS Form 3811 , December 1994	6. Signature: (Addressee or Agent) X	5. Received By: (Print Name) D. BLACKMAN					Dept 0882	ώ					
102595-97-8-0179		8. Addressee's Ad and fee is paid)	7. Date of Deliver	☐ Return Rec	☐ Registered	4b. Service Type	H	4a. Article Nu	number. the date	does not	can return this	102595-97-B-0179		8. Addressee's Ad and fee is paid)	7. Date of DeligiON	☐ Return Re	☐ Express Mail	☐ Registered	4b. Service Type	4a. Article Number 7 137 40		de number. Ind the date	ce does not	e can return this	
Domestic Return Receip		Addressee's Address (Only If requested and fee is paid)	83-4F	or Merchandise	Aaii 🗍 Insured	\ \ \	137 406 884	Number	Restricted DeliveryConsult postmaster for fee.		I also wish to receive the following services (for an extra fee):	Domestic Return Recei		Addressee's Address (Only II requested and fee is paid)	.8664 8 T NO.	rchand	Mail Insurec	ed M Certifie	Туре	7 406 882	Consult postmaster for fee.	2. Restricted Delivery	1. Addressee's Address	extra fee):	

PS Form 3811, Decembef 199		BO179 Domestic Return Receipt	PS
X			6. Signatura (Addybssee of Agent)
n		Addressee's Address (Only if requested and fee is paid) End fee is paid)	5. Received By: (Print Name)
URN 5. Received By: (Print Name)		F	
ADC	- 	7 Date of Delivery	
ORE:		☐ Insured	Carlsbad, NM 88229-6292
		Certified	620 East Greene Street
		Service Type	Bureau of Land Management 4b.
plet Oryx Energy Company	<u>.</u> .)6 889	S. Alucia Audiassau iv.
3. Article Addressed to:	-	Article Number	Oblivered.
The Return Receipt will show to whom delivered.		2. Restricted Delivery	
permit. Write "Return Receipt Requested" on		1. Addressee's Address	Antach this form to the front of the malipiace, or on the back if space does not Permit
card to you. • Attach this form to the front of the ma		extra fee):	
 Complete Items 1 and/or 2 for additions Complete Items 3, 4a, and 4b. Print your name and address on the results 		I also wish to receive the following services (for an	<u>c</u>
? SENDER.	·		
PS Form 3811, December 19		B0179 Domestic Return Receipt	PS Form 3811, December 1994 102595-97-B-0179
6. Signature: (Addressee or A			your 6. Signature (Antiressee or Agent)
5. Received By: (Print Name)	IIIalik	Addressee's Address (Only if requested and fee is paid)	5. Received By: (Print Name)
	VOU	0861	
	ioi r	ď	
105 South Fourth Street	1 3 111	□ Insured	
	u n	☐ Certified	Dallas TX 75284-1690
	ELUI	Service Type	P O Rox 911701
lete Yates Petroleum Cornor	n ne	2.137 406 880	Canta En Energy Resources Inc
o i	Ceig	Consult postmaster for fee.	delivered.
	17 SB	2. Restricted Delivery	
Attach this form to the front of the permit.	rvici	 Addressee's Address 	 Attach this form to the front of the mailpiece, or on the back if space does not permit.
	···	following services (for an extra fee):	
SENDER:			? SENDER:

stries, Inc. e reverse of this form so that we can return this the mailpiece below the article number. m the article was delivered and the date reverse of this form so that we can return this mai services. ny, Abo Petroleum on the mailpiece below the article number. som the article was delivered and the date malipiece, or on the back if space does not ilpiece, or on the back if space does not tional services. 102595-97-B-0179 Domestic Return Rec 8. Addressee's Address (Only If requeste 7. Date of Delivery JUNI 8 1351 ☐ Express Mail ☐ Registered 4b. Service Type 4a. Article Number 137 406 888 ☐ Return Receipt for Merchandise ☐ COD 4b. Service Type

☐ Registered 4a. Article Number P 137 406 879 8. Addressee's Address (Only if request 7. Date of Delivery ☐ Express Mail ☐ Return Receipt for Merchandise ☐ COI and fee is paid) and fee is paid) extra fee): I also wish to receive the following services (for an Consult postmaster for fee. extra fee): 2.

Restricted Delivery 1. Addressee's Addre Consult postmaster for fee I also wish to receive the following services (for an 2. Restricted Deliver 1. Addressee's Addr ☐ Insur E Cent □ Insu Z Ceri

102595-97-8-0179 Domestic Return Reco

PS Form 3811 , December 1994	·	Domestic Return Receipt	102595-97-B-0179	PS Form 3811, December 1994	
6. Signature	•			6. Signature (Addinessee or Agent)	-
5. Received By: (Print Name)	Thank	Addressee's Address (Only II requested and fee is paid)	8. Addressee's Ad and fee is paid)	5. Received	
N ADD	you fo	Date of Delivery 9 JUN 1998	7. Date of		
RES	eu r	☐ Return Receipt for Merchandise ☐ COD	☐ Return F		
_	inq	.	☐ Express Mail		
	Retu	red 🗹 Certified	4b. Service Ty	1166 First City Tower	
မ	irn Red	137 406 877	Articie	pl James A Elkins Jr	
The Return Receipt will show to whom the delivered.	eipt S	Consult postmaster for fee.		The Return Receipt will show to whom the article was delivered.	
Attach this form to the front of the maliple permit.	Servi	2. Restricted Delivery	cle number.	Permit. Write 'Return Receipt Requested' on the maliplece be	
 SENDER: Complete items 1 and/or 2 for additional in a Complete items 3, 4a, and 4b. Print your name and address on the reversal to you. 	ce	l als follo	ve can return th	Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.	
		Domosio I reguli I recorpt	rocoso si proma	1) Datailbal 1334	7 -
				XIII CONSISSE OF AGENT LOCALITY	is you
5. Heceived b	Thank	Addressee's Address (Only if requested and fee is paid)	8. Addressee's Ad and fee is paid)	5. Received By: (Print Name	. DETI
-1	you fo	S - ZZ			DN 45
	or us	r Merchandise	☐ Return Fi		Dec
S Houston TX 77056	ing				ee.
	Retu	Type The fairlified	4b. Service Type	5739 Indian Circle	
p R P Bushman Jr Estate Tru	ım F	137 406 875	Pai		-1-4
3. Article Addressed to:	lec:	lumber	4a. Article Number	3. Article Addressed to:	
Wirite 'Heturn Receipt Requested' on the The Return Receipt will show to whom th delivered.	eipt Ser	 Restricted Delivery Consult postmaster for fee. 	article number. ed and the date	 Write "Heturn Receipt Requested" on the matiplece below the The Return Receipt will show to whom the article was delivereded. 	on the n
**Extract this form to the front of the maliple **Description **The control of the maliple **The control of the control of the maliple **The control of the control o	vice	1. Addressee's Address	ce does not		
Complete Items 1 and/or 2 for additional Complete Items 3, 4a, and 4b. Print your name and address on the reve	•	i also wish to receive the following services (for an extra fee):	e can return this	03	=

		Thank	you for	usinq	Ret	urn Re	ceipt Se	ervio	:0.	•	•	nank	you ic	r us	ing	nei	turi	n neci	eipt	Ser	VICE	•
ls	s your <u>l</u>	RETUR	N ADDR	ESS (omp	leted	on the r	eve		19	your <u>F</u>	RETUR	RN AD	DRE	SS	cor	mpl	leted o	on th	ne re	ver	se side?
December 1994	6. Signature (Addressee or Agent)	5. Received By: (Print Name)		Longview IX /5606	P O Box 2185	3. Article Addressed to: Fourway Oil Company	 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. 	 Attach this form to the front of the malipiece, or on the back if space does not nermit 	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 your.	PS Form 3811 December 1994 () 103	6. Signature: (Addressee b. Agent)	5. Received By: (Print Name)			1980 Post Oak bivo #2110	Anne Holton Bushman, Trustee		3. Article Addressed to:	THE RELUIT RECEIPT WITH STOWN TO WITCHTHE GRINGE WAS CONVEYED AND INFO DATE DELIVERED.	white Person Receipt Requested on the mailplece below the article number.	wathach this form to the front of the malipiece, or on the back if space does not	SENUEH: Complete Items 1 and/or 2 for additional services. Complete Items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this
102595-97-B-0179		8. Addressee's Ad and fee is paid)	7. Date of Delivery	Express Mel	4b. Service Ty	Article	e number. d the date	e does not	can return this	102595-97-B-0179		8. Addressee's Ad	7. Daile of Vel	☐ Retum Re		☐ Registered	4b. Service Type	4a. Article Number	o me care	e number.	e does not	can return this
Domestic Return Rec	_	8. Addressee's Address (Only II requeste and fee is paid)	elivery JUN 2 2 1996		Type T Cert	Number 137 406 878	2. Restricted Delivery Consult postmaster for fee	1. Addressee's Addre	I also wish to receive the following services (for an extra fee):	Domestic Return Rec		Addressee's Address (Only II requeste and lee is paid)	1 2 / 2/g	Return Receipt for Merchandise COD		ed :	Туре	Number 137 406 876	Consult postmaster for fee	2. Mestricted Delivery	1. Addressee's Addre	l also wish to receive the following services (for an extra fee):

102595-97-B-0179 Domestic Return Rec

8. Addressee's Address (Only if request

and fee is paid)

☐ Registered 4b. Service Type

4a. Article Number

Consult postmaster for fee

2.
Restricted Deliver 1. Addressee's Addi extra fee):

I also wish to receive the following services (for an

☐ Express Mail

□ Insu

<u>ප</u>

☐ Return Receipt for Merchandse ☐ COI

Date of Delivery

6-17-9

is LA 70130 Street ipt Hequested" on the mailpiece below the article number. I will show to whom the article was delivered and the date the front of the maliplece, or on the back if space does not nd address on the reverse of this form so that we can return this and/or 2 for additional services. 4e, and 4b. Print Name) ok & Mary Jo Brook sed to: 8. Addressee's Address (Only If requested ☐ Return Receipt ☐ Express Mit ☐ Registered 4b. Service Type 4a. Article Number 137 406 873 Date of Delivery and fee is paid) Consult postmaster for fee. following services (for an extra fee): also wish to receive the 2. Restricted Delivery 1. Addressee's Addre Centif

102595-97-B-0179 Domestic Return Rece

is your <u>RETURN ADDRESS</u> completed o	n the reverse side?	le your <u>RETURN</u>	ADDRESS completed	on the reverse side?
Ruby Crosby Bell - Family Ltd Prtnstap #1 1331 Third Street New Orleans LA 70130 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	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 card to you. Attach this form to the front of the malipiece, or on the back if sp. write. Write Tellum Receipt Requested on the malipiece below the art. The Return Receipt will show to whom the article was delivered delivered.	5. Received By. (Print Name) 6. Signature: (Addresses or Agent) X PS Form 3811, December 1994	3. Article Addressed to: Earl L Malone MD 2501 Cortez Roswell NM 88201	SENDER: "Complete items 3, 4s, and 4b. "Complete items 3, 4s, 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 maliplece, or on the back if space does not permit. "Write "Return Receipt Requested" on the maliplece below the article number. "The Return Receipt will show to whorn the article was delivered and the date delivered.
4a. Article Number 137 406 864 4b. Service Type 1 Registered 1 Express Mail 1 Return Receipt for Merchandse 7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid) 8. Addressee's Pomestic Return Receipt	I also wish to receive the following services (for an extra fee): 1. \(\text{Addresse's Addresse} \) 2. \(\text{Restricted Delivery vered and the date} \)	8. Addressed's Address (Only if requested and fee is baild) 102595-97-B-0179 Domestic Re urn Receipt	4a. Article Number Z 137 406 862 4b. Service Type □ Registered □ Express Mail □ Return Receipt for Mélchandise □ COD 7. Date of Pellvery	back if space does not ow the article number, delivered and the date leave that we can return this back if space does not ow the article number. I alsc wish to rbceive the following services (for an extra fee): 1. \(\sum \) Addressee's Address ow the article number. 2. \(\sum \) Restricted Delivery consult postmaster for fee.
Thank you for using Return Rec	eipt Service.	1	u for usina Return Rec	eint Service.
	on the reverse side?	Is your <u>RETURN</u>	ADDRESS completed of	on the reverse side?
Timothy Edward Hanagan P O Box 3908 Durango CO 81302 5. Received By: (Print Name) 6. Signature: (Addresses of Agent) X 10256 PS Form 3811, December 1994	SENDER: "Complete items 1 and/or 2 for additional services. "Complete items 3, 4s, 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 malipiece, or on the back if space does not permit. "Write "Return Receipt Requested" on the malipiece below the article number. "The Return Receipt will show to whom the article was delivered and the date delivered.	5. Aproved By: (Print Name) 6. Signature) (Address) or Agent) 7 X Y W W W W W W W W W W W W W W W W W W	3. Article Addressed to: Robert Wallace Hanagan P O Box 430 Roswell NM 88202-0430	■ Complete liems 1 and/or 2 for additional services. ■ Complete liems 3, 4a, and 4b. ■ Complete liems 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 malipiece, or on the back if space does not permit. ■ Write *Return Receipt Requested* on the malipiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.
4b. Service T Registere Express N Retum Rec 7. Date of De and fee is,	can return this does not number. the date	8. Addresses and fee is	4a. Articie N 4b. Service Hegistera Express Return Re 7. Date of Di	can return this a does not e number. d the date

102595-97-B-0179 Domestic Return Re

extra fee):

l also wish to receive the following services (for an

Addressee's Address (Only if reques and fee is paid)

4a. Article Number 137 406 863

Consult postmaster for fe

2. Testricted Delive Addressee's Add I also wish to receive the following services (for an extra fee):

☐ Express Mail

☐ Registered 4b. Service Type

(S) □ Ing

Date of Delivery

☐ Return Receipt for Merchandise ☐ CO

102595-97-B-0179 Domestic Return Rec

☐ Return Receipt for Merchandise ☐ COI

4a. Arice Number 137 406 866

Consult postmaster for fee

2. Restricted Deliver Addressee's Addr

☐ Registered

4b. Service Type

☐ Express Mail

s Address cand to you. The Receipt the Falling Receipt Requested on the malpiece, or on the back if space does not sellivery service. **Anti-Refalling Receipt Requested on the malpiece below the article number. **With Refalling Receipt Requested on the malpiece below the article number. **With Refalling Receipt Requested to: **Trustees** Certified Return Receipt Moore Trustees** Comparison Com	SENDER: **With Receipt Addressed for the malipiaced, or on the back if space does not shring frequested of the malipiaced, or on the back if space does not shring frequested of the wind fine article was delivered and fire date shring frequested of the was delivered and fire date shring frequested to the malipiaced below the article was delivered and fire date shring frequested to the malipiaced below the article was delivered and fire date shring frequested to the malipiaced below the article was delivered and fire date shring frequested to the malipiaced below the article number. **SENDER:** **The Received By: (Print Name) **SENDER:** **The Received By: (Print Name) **The Recei
--	--

4a. Article Number **У** 137 406 858

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

7. Date of Delivery

☐ Return Receipt for Merchandise ☐ COD

☐ Express Mail ☐ Registered 4b. Service Type

Certific Insure

Domestic Return Recei	102595-97-B-0179	10;	PS		n Receipt
	=	Signature: (Addressee or Agent) X / 1 Matticker	, G	Т	
8. Addressee's Address (Only If requested and fee is paid)	3. Addressee's Ad and fee is paid)	5. Heceived By: (Print Name)	RETU 55	hank '	equested
6.15.98	Date of Delivery	4	RN AC	you fo	
Retuin Réceipt for Merchandise COD	II Rogali Pio			r us	COD
Mail Insured	Express Mail	New Orleans LA 70130	ES	ing] insured
ed Certifie	1 Registered	Limited Partnership #1	_	Ret	Certified
1 400 00 ·	A Service Type	Bryan Bell Family		um	
Article Number	4a. Article Number	3. Article Addressed to:	eted ယ	Rec	
Consult postmaster for fee.		delivered.	on a	tqie	for fee.
2. Restricted Delivery	number. the date	■Write "Return Receipt Requested" on the malipiece below the article number. ■The Return Receipt will show to whom the article was delivered and the date	the	Ser	Delivery
1. Addressee's Address	does not	Attach this form to the front of the mailplece, or on the back if space does not permit.	reve	rvice	s Address
extra fee):	can return this	■Print your name and address on the reverse of this form so that we can return this card to you.	erse	B.	or an
I also wish to receive the		■Complete items 1 and/or 2 for additional services. ■Complete items 1 and/or 2 for additional services.	side = = 0		e the
			?	1	
Domestic Return Rece	102595-97-B-0179	PS Form 3811, December 1994			n Receipt
		X (Av things	s you		
s paid)	and ree is paid)	Simple (Address of Appel)	اه	Tha	
8. Addressee's Address (Only if requested	8. Addresse	5. Received By: (Print Name)		ınk	equested
			<u>31</u>	у	•

6. Signatura KATHERET ULLI INN	Receive ANN			Tulsa OK 74101		First Natl Bank of Santa Fo Trustee	Trict	3. Article Addressed to:	Ine Herum Heceph will snow to whom the article was delivered and the date delivered.	n Receipt Requested' on the malipiece be	Attach this form to the front of the malipiece, or on the back if space does not			PS Form 3811, December 1994	g Signatur (Codiesses de 48 de 1911)	by: (Fina Name)	رآم				Jeffersonville PA	461 Rittenhouse Rlvd		3. Article Addressed to:	_	• •		 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.
Dompsio Berein	<u>Q</u>	7. Date of Delivery	☐ Return Receipt for Merchandise ☐ COD		Q	4b. Service Type	2 137 406 855	4a. Article Number	Consult postmaster for fee	number. 2. Restricted Delivery	does not 1. Addressee's Address	can return this extra fee):	t also wish to receive the	102595-97-8-0179 Domestic Return Receipt		and fee is paid)		7. Date of Delivery	for Merchandise	☐ Express Mail ☐ Ir	☐ Registered ☐ C	4b. Service Type	P 137 406 853		Consult postmaster for fee	le number. 2. Restricted Delivery	te does not	l also wish to receive the following services (for an extra fee):
∓I -	Thank			Insured sing	Certified Re	etur	m A	lec	•	•			the	Receipt		Thani		ou fo	COD	Insured in	Certified R	etu	rn A	lec	•	Py Se		
is you	Thank If REIU 5. Received B	you fo	DDR	Binç ESS	g Re	omp			eipt on t	Sei	rvic rev	e. erse :			S. Signatura: A	Than S. Hecewed by: (Find Name)	k y) 7:23	sin	g R		ι,	3. Article Addressed to:	eip1		rvic	

Certific Insured

7. Date of D 8. Addresse and fee it	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	☐ Express Mall ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery 6 - / 7-9 5 90 8. Addresse's Address (Only if requested hand fee is paid) The RECEIPT COD TO DELIVERY 1. Addresse's Address (Only if requested hand fee is paid) The RECEIPT COD TO DELIVERY 1. Addresse's Address (Only if requested hand fee is paid) The RECEIPT COD TO DELIVERY 1. Addresse's Address (Only if requested hand fee is paid) The RECEIPT COD TO DELIVERY 1. Addresse's Address (Only if requested hand fee is paid) The RECEIPT COD TO DELIVERY 1. Addresse's Address (Only if requested hand fee is paid)	88201
4a. Article N 10 13 4b. Service Register Feoress	3. Article Addressed to: Gilbert J Eaton 461 Rittenhouse Blvd Jeffersonville PA 19403	pe 原 Certified Recording Return Recording Return	Antice Service
can return this does not number. the date	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 card to you. Attach this form to the front of the malipiece, or on the back if space permit. Write 'Return Receipt Requested' on the malipiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	SENDER: **Complete items 1 and/or 2 for additional services. **Complete items 3, 4a, end 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 malipiece, or on the back if space does not Attach this form to the front of the malipiece, or on the back if space does not permit. **Write **Return Receipt Requested** on the malipiece below the article number. **The Return Receipt will show to whom the article was delivered and the date delivered.
8. Addresss and fee i	5. Received By: (Print Name) 6. Signature: (Addressee or Agent), X PS Form 3811, December 1994	mestic Return Receipt	5. Received By: (Print Name) 6. Signature: (Abdressee of Agent) 102595 97 B 0179 DOI
4a. Article 2 1: 4b. Service 4b. Service Begiste Express Retum Retu	3. Article Addressed to: Nearburg Exploration Company L.L.C. P O Box 823085 Dallas TX 75382-3085 ADDRESS	Centified Continued Contin	xploration Inc)0 345
can return this does not number.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	4b. 4b. ss on the reverse of this form so that we can ss on the reverse of this form so that we can to the mailpiece, or on the back if space doe tested on the mailpiece below the article nunow to whom the article was delivered and the

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

2.

Restricted Delivery Addressee's Addres

the article number. livered and the date ick if space does not so that we can return this 102595-97-B-0179 Domestic Return Rece 8. Addressee's Address (Only If requested 7. Date of Delivery 4b. Service Type 4a. Article Number ☐ Return Receipt for Merchandise ☐ COD ☐ Express Mail ☐ Registered and fee is paid) E 137 406 848 extra fee): Consult postmaster for fee. I also wish to receive the following services (for an Addressee's Addres Certific Certific

is	your I	RETUR	N'ADE	RES	<u> 6</u>	mp	letec	d o	n t
PS Form 3811; December 1994	6. Signature: (Addressee or Agent)	5. Received By: (Print Name)			Jeffersonville PA 19403	Gilbert J Editori		3 Article Addressed to:	delivered.
102595-97-B-0179 Domestic Return Rece		8. Addresset's Address (Only If requested and fee is paid)	7. Date of Delivery 9 97	☐ Return Receipt for Merchandse ☐ COD	1 61	4b. Service Type	2 137 406 851	4a. Article Number	Consult postmaster for fee.

Domestic Return Rece	102595-97-8-0179	Domestic Return Receipt	PS Form 3811 , December 1994 102595-97-8-0179
	PS Form 3811. December 1994	1988	6. Signature: (Addressee or Agent)
3)- 740 C	6. Signature: (Addyessee or Agent).	1998 And Joseph Land	5. Received By: (Print Name) 8. Addressebis Ac
BEEL & Leanuage and	5. Received By: (Print Name)	2 N N N N N N N N N N N N N N N N N N N	7. Date of Deliver
chandise (1)	7	The Cop usir	☐ Return Receipt &
Mail O Insun		Certified R	Midland TX 79702-0351
	Claremore OK 74018_0540	etur	
137 406 846	Claremont Corporation)6 845 n Rec	3. Article Addressed to: 4a. Article Number フォ 137 4(
Consult postmaster for fee	3. A	sult postmaster for fee.	as deliver
2. Restricted Delivery			Attach this form to the front of the maliplece, or on the back if space does not permit. Write 'Return Receipt Requested' on the maliplece below the article number.
I also wish to receive the following services (for an extra fee): 1. Addresses a Address	 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 mailplece, or on the back if space does not permit. 		SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this card to you.
Domestic Return Rece	PS Form 3811, (becember 1994 / 102595-97-B-0179	Domestic Return Receipt	PS Form 3811, December 1994 102595-97-8-0179
=		s your	6. Signature: (Addressee or Agent)
Addressee's Address (Uniy il requested and fee is paid)	5. Received By: (Print Name)	Idress (Only if requested here	5. Received Jackre 19. Robinson 8. Addressee's Adams and fee is paid)
82/68	7.	UN 18 1991 vo	7. Date of Deliven
☐ Return Receipt for Merchandise ☐ COD			Dalids 1 × 75284-3559
	Houston TX 77056	all Insured .ii.	
Certific	1980 Post Oak Blvd □	Certified Be	uisition
	c/o Sue Hill The Lyons Club Foundation 4b. 8	ture	Devon Energy Corporation (Nevada) 4b. Service Type
mber 7 406 852	3. Art	ber 406 844	3. Article Addressed to: 4a. Article Num 13.7
Consult postmaster for fee.	The I	sult postmaster for fee.	The Return Receipt will show to whom the article was delivered and the date delivered.
2. Restricted Delivery	- Write		- Asset we born to the non-to-the manprece, or on the back it space uses not permit. ■ Write 'Return Receipt Requested' on the malipiece below the article number.
extra fee): 1		wing services (for an a fee):	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.
I also wish to receive the	SENDEH: Complete liens 1 and/or 2 for additional services.	I also wish to receive the	

6. Signature: (Addressee of Agent) X 771 Addressee of Agent) PS Form 3811 December 1994 102595-97-B-0179 Domestic Return Receipt	4a. Article Number 2 137 406 842 4b. Service Type Registered Express Mall Return Receipt for Merchandise 7. Date of Delivery		**Complete items 1 and/or 2 for additional services. **Complete items 3, 4s, and 4b. Services (for an extra fee): **Attach this form to the front of the malipiece, or on the back if space does not permit. **Attach this form to the front of the malipiece, or on the back if space does not delivered. **The Return Receipt Melaster on the malipiece below the article number. **The Return Receipt will show to whom the article was delivered and the date delivered. **The Return Receipt will show to whom the article was delivered and the date. **The Return Receipt will show to whom the article was delivered and the date. **The Return Receipt will show to whom the article was delivered and the date. **The Return Receipt Will show to whom the article number. **The Return Receipt will show to whom the article number. **The Return Receipt Number. **The Addresse 'Addresse 'Addresse Address. **Consult postmaster for fee. **The Addresse Number. **The Return Receipt Number. **The Return Receipt Number. **The Addresse Number. **The Return Receipt Number. **The Addresse Number. **The Return Receipt Number. **The Return Receipt Number. **The Addresse Number. **The Return Receipt Number. **The Return Receipt Number. **The Addresse Number. **The Addresse Number. **The Return Receipt Number. **The Return Receipt Number. **The Addresse Number. **The Addresse Number. **The Addresse Number
6. Signature: (Addressee or Agent) PS Form 3811, December 1994 102	you for using Return Minerals Management Service P O Box 5810 TA Denver CO 80217-5810 A Breceived By (Print Name)	Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Complete items 3, 4s, and 4b. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the malipiece, or on the back if space permit. Attach this form to the front of the malipiece below the article was delivered and delivered. A Article Addressed to:	s. Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the maliplece, or on the back if space permit. Write 'Return Receipt Requested' on the maliplece below the article attached. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Sabine Royalty Trust Nations Bank of Texas Escrow Agent Department 0887 Dallas TX 75284-0887 Dallas TX 75284-0887 Ballas TX 75284-0887 G. Signature: (Addressee or Agent) PS Form 3811, December 1994
and fee is paid)	4b. Service Type 4b. Service Type 4b. Service Type 4b. Service Type 4c. Ald Service Type 7. Date of Delivery	I also wish to receive the following services (for an extra fee): 1. Addressee's Addresser: 2. Restricted Delivery late Consult postmaster for fee.	can return this extra fee): a does not i. Addressee's Address a number. 4a. Article Number The 137 406 841 4b. Service Type Express Mall Express Mall Receipt for Merchandse Return Receipt for Merchandse 7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)

twe can return this pace does not ricle number. and the date 4a. Article N A. Article N Registere Express Return Rec 7. Date of De 8. Addressee and fee is	6. Signature: (Addressee or Agent) X	Dormestic Return Receipt Lalso wish to receive the following services (for an extra fee): 1. Addresse's Address 2. Restricted Delivery Consult postmaster for fee. Number 137 406 838 Type Type Se Type Pred Se Type Thank you for using Return Receipt Service. Thank you for using Return Receipt Service.	December 1994 1025
	Avon CT 06001-2066 ADD S. Received By: (Print Name)	r Merchandise COD COD con	2066
4a. Article N 4b. Service Register	3. Article Addressed to: Rimco Parnters LP III c/o Rimco Associates 22 Waterville Rd	406 836 Return Recording Return Recording	3. Article Addressed to: 4a. Article Numb 27137 2 Rimco Partners LP II 4b. Service Type c/o Rimco Associates Inc 22 Waterville Rd
e does not e number. d the date	for additional services. 4b. ss on the reverse of this form so that we as on the mailpiece, or on the back if space to the mailpiece, or on the back if space tested on the mailpiece below the article was delivered and ow to whom the article was delivered and	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery	SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, 4e, 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.

extra fee):

I also wish to receive the following services (for an

11 NALL III III III III NALL TUNI 1 7 1898

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

7. Date of Deliver, UN

☐ Express Mail ☐ Registered 4b. Service Type

☐ Insured Certified 4a. Article Number

Consult postmaster for fee.

2.

Restricted Delivery Addressee's Address

₹ # 137 406 839

102595-97-8-0179 Domestic Return Receipt

ilipiece below the article number. or on the back if space does not of this form so that we can return this 102595-97-B-0179 Domestic Return Receipt 7. Date of Delivery 8. Addressee's Address (Only If requested ☐ Express Mail ☐ Registered 4b. Service Type 4a. Article Number ☐ Return Receipt for Merchandse ☐ COD and fee is paid) P 137 406 837 extra fee): Consult postmaster for fee. I also wish to receive the following services (for an 2. Mestricted Delivery- Addressee's Address ☐ Insured ☐ Certified

bb. s on the reverse of this form so that we of the malipiece, or on the back if space steed on the malipiece below the article w to whom the article was delivered and 6140 Or Agent Or	consult postmaster for fee. I. Addressee's Address Consult postmaster for fee. R 137 406 833 Ite Number R 137 406 833 Ite Type Stered ess Mail Receipt for Merchandise COD of Delivery ODD Delivery L 1380 wish to receive the following services (for an fo	#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 card to you. *Attach this form to the front of the malipiece, or on the back if space permit. #Write *Return Receipt Requested* on the malipiece below the article addressed to: The Andersen-Malone Trust POBox 87 Roswell NM 88202 5. Received By: (Print Name) 6. Signature (Addressee or Agent) PS Form 3811, December 1994 **SENDER:** **Complete items 1 and/or 2 for additional services.** **Tomplete items 2 in additional services.**	we can return this extra fee): **********************************
SENDER: Complete items 1 Complete items 3 Print your name a card to you. Attach this form to permit. Write Tasturn Receited delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Comunicom	o this
3. Article Addressed to: Roswell Museum and Art Center Foundation 100 West Eleventh Street Roswell NM 88201-4910 7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.	4a. Article Number 4b. Service Type Cartifled Responses Mall Receipt for Merchandise COD 7. Date of Delivery Output Cartifled Receipt for Merchandise COD Output Outpu	3. Article Addressed to: 4a Complete Rimco Partners LP 1 C/o Rimco Associates Inc 22 Waterville Rd Avon CT 06001-2066	4a. Article Number 2 137 406 835 4b. Service Type U Registered Express Mail Return Receipt for Merchandse 7. Date of Delivery
6. Signature: (Addréssee or Agent) Y PS Form 3811 , December 1994 8.	be's Address (Only if requested hank	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee's Address (Only if and fee is paid) 11

102595-97-8-0179 Domestic Return Recei

8. Addressee's Address (Only If réquested

☐ Insure Certifi

☐ Return Receipt for Merchandise ☐ COD

Consult postmaster for fee.

Addressee's Addres following services (for an also wish to receive the

102595-97-B-0179 Domestic Return Receip

8. Addressee's Address (Only if requested

☐ Return Receipt for Merchandse ☐ COD

Certifie ☐ Insured

Consult postmaster for fee.

2.

Restricted Delivery.

Addressee's Address

I also wish to receive the following services (for an

5. Received By: (Print Name) 8. Signature: (Addressee or Agent) X	**Print your name and address on the reverse of this form so that we can return this extra card to you. **Attach this form to the front of the malipiece, or on the back if space does not permit. **Write 'Return Receipt Requested' on the malipiece below the article number. **The Return Receipt will show to whom the article was delivered and the date **On The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will show to whom the article was delivered and the date **The Return Receipt will sho	6. Signature: (Addressee or Agent) X C C C C C PS Form 3811, December 1994 102595	3. Article Addressed to: 4a. Article Number 7. 137 400 P 137 400 P 137 400 P 0 Box 1039 Hobbs NM 88241-1039 Return Receipt to 7. Date of Delivery	1
dress (Only if requested	tollowing services (for an extra fee): a does not number. the date 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number 7. 137 406 830 4b. Service Type Registered Receipt for Merchandise COD Relum Receipt for Merchandise COD To Date of Delivery	e's Address (Only if requested s paid) Domestic Return Receipt	4a. Article Number # 137 406 818 4b. Service Type 4b. Service Type 4c. Article Number # Record	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) 7. Signature: (Addressee or Agent)	■ Print your name and address on the reverse of this form so that we can return this card to you. ■ 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 □ Register 7. Date of □ 7. Date of □	5. Received By: (Print Name) 6. Signature: (Addresses of Agentic) 7. X Y SENDER: PS Form 3811, December 1894	Samuel Chase 19 Bonita St Sausalito CA 94965-2113	
8. Address and fee	de number, ad the date 4a. Article N 4b. Service Register Return Re	8. Address and fee 102595-97-B-0175	4a. Article 4b. Servic Registe Expres Return I 7. Date of	we can return it sace does not ticle number, and the date

102595-97-B-0179

Domestic Return Reco

8. Addressee's Address (Only if requeste

and fee is paid)

Date of Delivery

☐ Return Receipt for Merchandise ☐ COD

☐ Express Mail

☐ Insur

☐ Registered

4b. Service Type

4a. Article Number

Consult postmaster for fee. 2. Restricted Delivery Addressee's Addre

102595-97-B-0179 Domestic Return Reco

8. Addressee's Address (Only If requeste

y

and fee is paid)

7. Date of Delivery

☐ Return Receipt for Merchandise ☐ COD

☐ Express Mail ☐ Registered 4b. Service Type

☐ Insuri Certifi 4a. Article Number

Consult postmaster for fee.

2. Aestricted Delivery

☐ Addressee's Addres

extra fee):

following services (for an

also wish to receive the

reverse of this form so that we can return this

extra fee):

I also wish to receive the following services (for an

	following services (for an extra fee): 1. Addressee's Address	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 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 mallplece, or on the back if space does not permit.	9.6.
	 Restricted Delivery Consult postmaster for fee. 	Write delive	number 2. Restricted Delivery he date Consult postmaster for fee.
3. Article Addressed to: Charles W Perry Ir	Article Number 137 406 814	3. Article Addressed to:	4a. Article Number Z p 137 406 815
	Service Type Registered Registered Registered Registered	2503 Culpepper Drive Midland TX 79705-6318	
Z C	Renu Repetition mediantise COD units Cod con Cod con Cod c		☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery
5. Received By: (Print Name) 8.	ass Only if requested	5. Received By: (Print Name)	. Addresse's Address (Only if requested and fee is paid)
Signature: (Addréssee or Agent)		6. Signature: (Addressee on Agent)	
PS Form 3811, December 1994	102595-97-B-0179 Domestic Return Receipt	PS Fo	102595-97-B-0179 Domestic Return Receip
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	t also wish to receive the following services (for an extra fee): a Addressee's Address comber. 2. Restricted Delivery of date consult postmaster for fee.	 SENDER: *Complete items 1 and/or 2 for additional services. *Ecomplete 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 malipiece, or on the back if space does not pethnit. *Write 'Return Receipt Requested' on the malipiece 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): the date I also wish to receive the following services (for an extra fee): Addressee's Addresse and the fee consult postmaster for fee.
، اه	Article Number	3. Article Addressed to:	4a. Article Number
3. Article Addressed to:	2 ₹ 137 406 816	Hugh E Hanagan	上137 406 817
2602 Bay Meadows Drive	Service Type	P O Box 329	4b. Service Type
	Express Mail () Insured	Roswell NM 80202-0329	
	for Merchandise 🔲 COD		Merchandise
7.	Date of Delivery 7/96 you fo		7. Date of Delivery 6-17 FT
5. Received By: (Print Name) 8.	Addressee's Address (Only if requested and fee is paid)	5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
you o Signature: (Addressee of Agent)		S. Signatura: Addressee or Agen)	
RS Form 3811, December 1994	102595-97-B-0179 Domestic Return Receipt	PS Form 3811, December 1994	102595-97-8-0179 Domestic Return Receip

Certified
Insured

8. Addressee's Address (Only If requested and fee le naid)

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

7. Date of Delivery

☐ Return Receipt for Merchandise ☐ COD

☐ Express Mail ☐ Registered ...

☐ Insurec Certifie

P 137 406 874 4b. Service Type

4a. Article Number

Consult postmaster for fee.

2.
Restricted Delivery Addressee's Address Latso wish to receive the following services (for an

extra fee):

102595-97-8-0179 Domestic Return Receip	595-97-B-0179	102		PS Form 3811 , December 1994
=		,	(11	6. Signature: (Addressée or Agéhi)
8. Addressee's Address (Only if requested and fee is paid)	8. Addressee's Ad and fee is paid)		n	5. Received By (Print Mane)
6-17-98	6			
ilvery	7. Date of Delivery		-	
☐ Return Receipt for Merchandse ☐ COD	☐ Return Rec		•	
Mail 🔲 Insured	☐ Express Mail			:
d Centifier	☐ Registered			Midland TX 79705-4929
Type	4b. Service Type			2817 Stutz Drive
P 137 406 813	P 13			James P Murphy
umber	4a. Article Number			3. Article Addressed to:
Consult postmaster for fee.				delivered.
2. Restricted Delivery	number.	bw the article	nailpiece bel	Politim. White "Return Receipt Requested" on the mailplece below the article number. The Return Receipt will show to whom the satisfe was delivered and the date.
1. Addressee's Address	e does not	back if space	xe, or on the	Attach this form to the front of the mailplece, or on the back if space does not resmit

4b. Service Type 4b. Service Type Registered Regist	*Write 'Return Receipt Requested' on the mailplece below the artic *The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Ralph A Shugart Trust Elizabeth Duncan Special Trustee 300 South Jackson St Ste 500 Denver CO 80209-3133 5. Received By: (Print Name) (MiChT): 19 Mich Name) (MiChT): 19 Mich Name) PS Form 3811, December 1994	Attach this form to the front of the maliplace, or on the back if space does not white form. The Receipt Requested on the maliplace below the article number. The Receipt Receipt Requested on the maliplace below the article number. The Receipt Rec	Thank you for using Return Receipt Requested on the "Wittle Receipt Requested on the Mary Ann Chase 89 Sunnyside Drive Athens OH 45701-1921 5. Received By: (Print Name) RETURN 8. Signature: (Addressee of Agent) PS Form 3811, December 1994
sms 1 and/or 2 for additional services. sms 3, 4a, and 4b. sms and address on the reverse of this form so that we can return this sark address on the reverse of this form so that we can return this sark and address on the reverse of the following services (for an extra fee): 1. Addressee's Address. 2. Addressee's Address. 2. Addressee's Address. 2. Addressee's Address. 3. Article Number Consult postmaster for fee. 4a. Article Number P 137 406 850 Management Service Management Program Brain Hugh Hanagan 9222 Forrest Hills Blvd 7. Date of Delivery To Date of Delivery Addressee's Address (Only if requested B. Addressee's Address (Only if requested Addresseed to: Brain Hugh Hanagan 9222 Forrest Hills Blvd Dallas TX 75218 Brain S. Received By: (Print Name) 5. Received By: (Print Name)	Received By: (Print Name) (MiCHT): 1) Mich Print Print Signal up Addresse of Agent Signal up Addresse of Agent Form 3811, December 1994	be's Address (Only If requested s paid)	s your RETU 6. Signature:
As. Article Number P 137 406 850 Ent Service Ab. Service Type Ab. Service			
inerals Mangement Service 4b. Service Type oyalty Management Program O Drawer 1857 O Drawer 1857 O Drawer 1857 O Date of Delivery 7. Date of Delivery 8. Addressee's Address (Only if requested and and fee is paid) Received By: (Print Name) A Delivery S. Received By: (Print Name) and fee is paid)	ECOMPLET: Complete items 1 and/or 2 for additional services. Figuration of the manual services of this form so that we will your name and address on the reverse of this form so that we send to you. Attach this form to the front of the mallplece, or on the back if spa permit. White 'Helum Receipt Requested' on the mallplece below the article was delivered a delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	on the reverse side?
Received By: (Print Name) Return Receipt for Merchandise COD COD	ECOMPlete items 1 and/or 2 for additional services. ECOMPlete items 1 and/or 2 for additional services. ECOMPlete items 3, 4a, and 4b. EPrint your name and address on the reverse of this form so that we eard to you. Aptach this form to the front of the mallplece, or on the back if spanents. EVITALE TREELING Requested on the mallplece below the article with Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to:	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eted on the reverse side?
Received By: (Print Name) 8. Addressee's Address (Only it requested in Section 1.1) and fee is paid) 5. Received By: (Print Name)	ECOMPlete items 1 and/or 2 for additional services. ECOMPlete items 3. 4a, and 4b. ECOMPlete items 4b. ECOMPlete items 4b. ECOMPlete items 4b. ECOMPlete items 5b. ECOM	I also wish to receive the following services (for an extra fee): 1. Addressee's Address' 2. Restricted Delivery Consult postmaster for fee. Consult postmaster for fee. Address' Consult postmaster for fee. I 37 406 850 I 37 406 850 I 37 406 850 I 37 406 850	ESS completed on the reverse side?
	ECOmplete items 1 and/or 2 for additional services. ECOmplete items 3, 4s, and 4b. EPTIM your name and address on the reverse of this form so that we said to you. Appendit. The Return Receipt Requested on the mallplece, or on the back if spandite return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Minerals Management Service Royalty Management Program P O Drawer 1857 Roswell NM 88201	I also wish to receive the following services (for an extra fee): 1. Addressee's Address' 2. Restricted Delivery Consult postmaster for fee. Bie Number Consult postmaster for fee. Cide Number I 37 406 850 Vice Type Vice Type Istered Istered Insured Insured Insured In Receipt for Merchandise COD In Cof Delivery	RN ADDRESS completed on the reverse side?

elow the article number. 19 delivered and the date e back if space does not orm so that we can return this e below the article number. was delivered and the date s form so that we can return this 102595-97-B-0179 Domestic Return Rece 4a. Article Number ☐ Express Mail ☐ Insure ☐ Return Receipt for Merchandise ☐ COD 8. Addressee's Address (Only if requested ☐ Registered 4b. Service Type 7. Date of Delivery 8. Addressee's Address (Offy If Fequester 4a. Article Number ☐ Registered 4b. Service Type and fee is paid) P 137 406 828 P 137 406 869 extra fee): I also wish to receive the following services (for an Consult postmaster for fee. 2. Restricted Delivery Addressee's Address extra fee): Consult postmaster for fee. 2. Restricted Delivery Addressee's Addressee 10 Certific 800 Z Certi ☐ Insur

I also wish to receive the following services (for an

102595-97-B-0179 Domestic Return Rece

PS Form 3811, December 1994 102595.97-B-0179	your 6. Signature: (Addressee or Agent)	5. Received By: (Print Narpe) 2 8. Addressee's and fee is p	7. Date of Delivery	Cantal Commonce		3. Article Addressed to: Richard P Montoya	The Heltum Receipt will show to whom the attitude was delivered. delivered.		card to you. Attach this form to the front of the mailpiece, or on the back if space does not	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this	PS Form 3811 , December 1994	6. Signatura: (Addressee or Aggril)	5. Received By: (Print Name) 8. Addressee's Address and fee is paid)		·-·	Midland TX 79701-4617	Mid-America Bldg S	301 North Colorado Street 4b. S	WI Furche WI Furche	delivered.		Attach this form to the front of the maliplece, or on the back if space does not permit.	
PS For	Is your Sign	ss (Only) bayusted hank	you for	Insured using	Certified Ret	406 820	sult postmaster for fee.	Restricted Delivery	Addressee's Address . Attach	erse side?		s your	(Only if requested han 5. Rec	you fo	r Merchandise COD	Insured in	Certified R & Bre	etui 378	823	sult postmaster for fee.	t Se	eve Attac	rse side?
m 3811, December 1994 102595-97-8-01/9 DO		8.	7. Date of Delivery. $\binom{n}{2} - \binom{n}{2} - \binom{n}{2}$	☐ Return Receipt for Merchandse			4a. Article Nu	■The Return Receipt Requested* on the mailplece below the article number. ■The Return Receipt will show to whom the article was delivered and the date	this form to the front of the mallpiece, or on the back if space does not	9 10	1 1	nature: (Addressee or Agent)			☐ Return Receip		23-6328	5 Mauna Loa Street 4b. Service Type			■Write 'fleturn Receipt Requested' on the mailpiece below the article number. ■The Return Receipt will show to whom the article was delivered and the date	h this form to the front of the mailpiece, or on the back if space does not it.	his
Domesiic Netwin Necelp		Addressee's Address (Only if requested and fee is paid)	7	pt for Merchandise COD	: 	106 819	mber	2. Restricted Delivery	 Addressee's Address 	I also wish to receive the following services (for an extra fee):	Domestic Return Receip	mm ne en mm	8. Addressee's Address (Only if requested and fee is paid)	8 /8/ A Display to every	☐ Return Receipt for Merchandise ☐ COD		l	'pe	2 137 406 822	Consult postmaster for fee.	2. Restricted Delivery	 Addressee's Address 	l also wish to receive the following services (for an extra fee):

Complete limit 1 index 2 to additional services. I and 0 services was exclusive on the service of the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the multiplect, or on the sead if spose, does not not service in the sead if spose, does not not service in the sead if spose, does not not not sead if spose, does not not sead if spose, does not
I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 137 406 811 I also wish to receive the following services (for an extra fee): 1 also wish to receive the following services (for an extra fee): 1 Addressee's Addresse's Address 2. Restricted Delivery Consult postmaster for fee. 1 also wish to receive the following services (for an extra fee): 1 Restricted Delivery Consult postmaster for fee. 1 Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 1 Address (for an extra fee): 1 Receipt for Merchandise COD Consult postmaster for fee. 1 Syour RETURN ADDRESS completed on the reverse side? Is your RETURN ADDRESS completed on the reverse side?
wish to receive the wing services (for an a fee): Addressee's Address Restricted Delivery suit postmaster for fee.
Thank you for using Return Receipt Service. That ou for using Return Receipt Service. Is your <u>RETURN ADDRESS</u> completed on the reverse side?
The state of the s
we can return the pace does not thick number, and the date date date date date date date dat

☐ Registered 4b. Service Type

RI Cent ☐ Insur

- Expussion

St Only If requeste

OCO 🗆 esting

4a. Article Number 127 406 825

Consult postmaster for fee

2. Restricted Delivery ☐ Addressee's Addre

102595-97-B-0179 Domestic Return Reco

extra fee):

following services (for an

also wish to receive the

102595-97-8-0179 Domestic Return Reco

8. Addressee's Address (Only if requeste

G :-/

and fee is paid)

☐ Express Mail

☐ Registered

KI Certi □ Insu

Date of Delivery

☐ Return Receipt for Merchandse ☐ COD

4b. Service Type

79 137 406 827 4a. Article Number

Consult postmaster for fee

2.

Restricted Delivery Addressee's Addressee extra fee):

I also wish to receive the following services (for an

is your <u>RETURN ADDRESS</u> completed on the reverse side?
is your <u>HE JUHN AUDHESS</u> completed on the reverse side?

so that we can return this

extra fee):

following services (for an also wish to receive the

4b. Service Type

4a. Article Number

Consult postmaster for fee.

2.
Restricted Delivery

1. Addressee's Address

Z-137 406 809

102595-97-B-0179 Domestic Return Receip

7. Date of Delivery 1 9 1998

☐ Return Receipt for Merchandise ☐ COD

☐ Express Mail ☐ Registered 4b. Service Type

☐ Insurec Certifie

8. Addressee's Address (Only If requested

and fee is paid)

102595-97-B-0179 Domestic Return Receip

8. Addresse's Address (Only If requested and fee is paid)

Date of Delivery

☐ Return Receipt for Merchandise ☐ COD

☐ Express Mail ☐ Registered

Certified ☐ Insured

low the article number. delivered and the date

4a. Article Number

Consult postmaster for fee.

2.

Restricted Delivery: 1. Addressee's Address

137 406 807

rm so that we can return this

extra fee):

I also wish to receive the following services (for an

back if space does not

ls your <u>RETU</u>	RN ADDRESS completed on the reverse side?	Is your RETURN AD	DRESS completed	on the reverse side
6. Signature. (Addressee or Agent) 8. Signature. (Addressee or Agent) 8. Signature. (Addressee or Agent) 9. PS Form 3811, December 1994	INDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Complete items 5, 4s, and 4b. Complete items and address on the reverse of this form so the mallpiece, or on the back if space servit. Complete items and address of the mallpiece, or on the back if space servit. Complete items and address of the mallpiece, or on the back if space servit. Complete items 5, 4s, and 4b. Complete items 5, 4	5. Received By: (Print Name) 6. Signature: Addressee & Agenti X PS Form 3811, December 1994	3. Article Addressed to: Hoover H Wright P O Box 2312 Santa Fe NM 87504-2312	Complete Items 1 and/or 2 for additional services. Complete Items 3, 4s, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiecs, or on the back if permit. Write 'Return Receipt Mill show to whom the article was delivered. delivered.
8. Add 1997s pald) N 102595 97-8 179 Pont 102595 97-8 179 Pont	of Delly	7. Date & Delivery 8. Addressee's Addressee's paid) and fee is paid) 102595-97-B-0179 Don	4a. Article Number 137,406 80 4b. Service Type 4b. Service Type 4b. Service Type 4c. Article Number	<u> </u>
Slic Return Receipt	Lalso wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Therefore 406 810 Pee G Certified Insured In	iress (Only If requested less (Only If requested less than the less than	Q6 800 ☐ Certified ☐ Insured ☐ COD	o wish to receive the wing services (for an fee): Addressee's Address Restricted Delivery sult postmaster for fee.
	IRN ADDRESS completed on the reverse side?	ls your <u>RETURN ADI</u>	r using Return Rec DRESS completed	on the revers side?
6. Signature: (Adopssee/or Agent) X PS Form 3811, December 1994	1 (0)	5. Received By: (Print Name) 6. Signature (Vindense or Adent) 7. PS Form 3811, December 1994	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	9-15-0-10-0
N Lawrence	a can retu se does no de number de number de Ab. Se	8. Addresse and fee is	4a. Article Number 4a. Article Number 4b. Service Type Begister of Type Expression Merchands Company Return Receipt Merchands Company Return Return Receipt Merchands Company Return Return Receipt Merchands Company Return Return Return Receipt Merchands Company Return Return Return Receipt Merchands Company Return	e can ret ce does r te numbe
Name Na	t also follow extra the date const t	(200)	Article Number 2737 Service Type Register Expre	urn this

Z 137 406 832

US Postal Service

Receipt for Certified Mail No Insurance Coverage Provided.

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

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

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	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

	l <u></u>
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	l 6 1998
l	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

	oriplete items 3, 4a, and 4b. rint your name and address on the reverse of this for	m so that we	can return this	following se extra fee);	rvices (for an
2 c	ard δ 0 you. Itach this form to the front of the mailpiece, or on the			l ′	dressee's Add
9 PV	ermit. I <mark>rite*Return Receipt Requested* on the mailpiece</mark> bele			l	stricted Delive
-	ne Return Receipt will show to whom the article was oblivered.	delivered and	d the date	1	stmaster for fe
5 <u>3</u> .	Article Addressed to:		4a. Article N	umber	 :
completed 10	lenasco Marital Trust			7 406 8	72
E 10	one Newsom Menasco and Wells F	argo	4b. Service	• •	
S B	ank NA, Trustee	_	Register		Z Cer
	O Box 650291		☐ Express		Insi
	allas TX 75265-0291		7. Date of D		andise CO
BN —				JUN 1	<u>8 1998 </u>
ur RETURN ADDRESS	Received by: (Print Name)		8. Addresse and fee is	e's Address (: <i>paid)</i>	Only if reques
<u>5</u> 6. ∶	Signature: (Addressee or Agent)				
18 you	X and an addition of the			Do	D-4 2
PS	Form 3811 , December 1994	102	2595-97 1-0179	Domestic	Return Re
% SEN	DER:		 1		
E ≡Con	nplete items 1 and/or 2 for additional services.			l also wish to following sen	
	t your name and address on the reverse of this form :		an return this	extra fee):	(IOI all
Ф рел				1. 🗆 Addr	essee's Addre
● Writ	e "Return Receipt Requested" on the mailpiece below Return Receipt will show to whom the article was de	the article r	number. he date	2. Rest	ricted Delivery
5 deli	rered.				naster for fee.
ě	ticle Addressed to:	4	a. Article Nu	mber 7 406 8	59
М	W Petroleum Corporation	4	b. Service Ty		
P	O Box 841690	4	☐ Registered	•	De Certif
d k	allas TX 75284-1690	- 1	☐ Express M		☐ Insur
5. Re			•		dise 🗆 COD
			. Date of Deli		
5. Re	eceived By: (Print Name)	8	. Addressee's	Address (O	8 1998 nly if requested
	Jackie J. Robinso	TK.	and fee is p		, - 422-101
6. Si	gnature: (Addressee or Agent)			4	
	orm 3811 , December 1994		5-97-B-0179)o====================================	Return Rece
			i also W	sh to receive g services (fo	the
mplete iter	ns 1 and/or 2 for additional services.	e can retum	following this extra fe	e):	
Woleta ıraı	the of the the takens of this tolling to the the	ce does not		Addressee's	
nd to you. ach this fo	rm to the front of the mailpiece, or on the back it opa-	de number	2. 🗆	Restricted D	elivery 💆
mit. te <i>"Retur</i> r	rm to the licht of the mailpiece below the article. Receipt Requested* on the mailpiece below the article was delivered at Receipt will show to whom the article was delivered at	nd the date		t postmaster	for fee.
e Retum i Livered.	receipt will	Aa Artic	ie Number		
Article A	ddressed to:	12 1	37 406	821	
The D	onald B Anderson Foundation	4b. Ser	vice Type		Cortified E
ala Ar	iderson Oil Compariy	Reg	jistered		Certified Control Control
1060	Three Park Central	100	ce Mail		ם COD תויית ב
Denv		1000	ım Receipt for	Merchandise [
	er CO 80202-0000	☐ Heit			
	er CO 80202-0000	7. Date	of Delivery		
	er CO 80202-0000	7. Date	of Delivery	ress (Only if	requested
Page h		7. Date	of Delivery	Iress (Only if	requested
	ed By: (Print Name)	7. Date	of Delivery	iress (Only if	Insured
	ed By: (Print Name)	7. Date	of Delivery	Iress (Only if	requested
		7. Date	of Delivery iressee's Add if fee is paid)		requested urn Receipt