Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other .....

2. Name of Operator
DEVON ENERGY CORPORATION (NEVADA)

3. Address and Telephone No.
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Section 3-18S-27E
Section 4-18S-27E

5. Lease Designation and Serial No.
LC-061783-A; LC-061783-B

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
N/A

8. Well Name and No.
See List Below

9. API Well No.

10. Field and Pool, or Exploratory Area
Red Lake (Q-GB-SA)

11. County or Parish, State
Eddy County, New Mexico

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Commingling at Surface	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Mann "3" Federal #1
Mann "3" Federal #2
Mann "3" Federal #3
Mann "3" Federal #4
Windfohr "4" Federal #1
Windfohr "4" Federal #2
Windfohr "4" Federal #3
Windfohr "4" Federal #4
Windfohr "4" Federal #5
Windfohr "4" Federal #6
Windfohr "4" Federal #7
Windfohr "4" Federal #8

Original

NEW MEXICO
OIL CONSERVATION DIVISION
Devon EXHIBIT 1
CASE NO. 12061

RECEIVED
SEP 08 1998
LAND DEPARTMENT

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

Signed Kimberly Crilly (Kimberly Crilly) Title Engineering Technician Date September 4, 1998

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

APPLICATION FOR SURFACE COMMINGLING, OFF LEASE STORAGE AND MEASUREMENT APPROVAL

To: Bureau of Land Management
2909 West Second Street
Roswell, NM 88201

Devon Energy Corporation is requesting approval for surface commingling and off lease storage and measurement of hydrocarbon production from the following formations and wells on Federal Lease No. LC-061783-B.

Lease Name: Mann "3" Federal

Well No.	UL	Sec.	Twp.	Rng.	Formation
1	L	3	18S	27E	Grayburg/San Andres
2	L	3	18S	27E	Grayburg/San Andres
3	M	3	18S	27E	Grayburg/San Andres
4	M	3	18S	27E	Grayburg/San Andres

With hydrocarbon production from the following wells on Federal Lease No. LC-061783-A

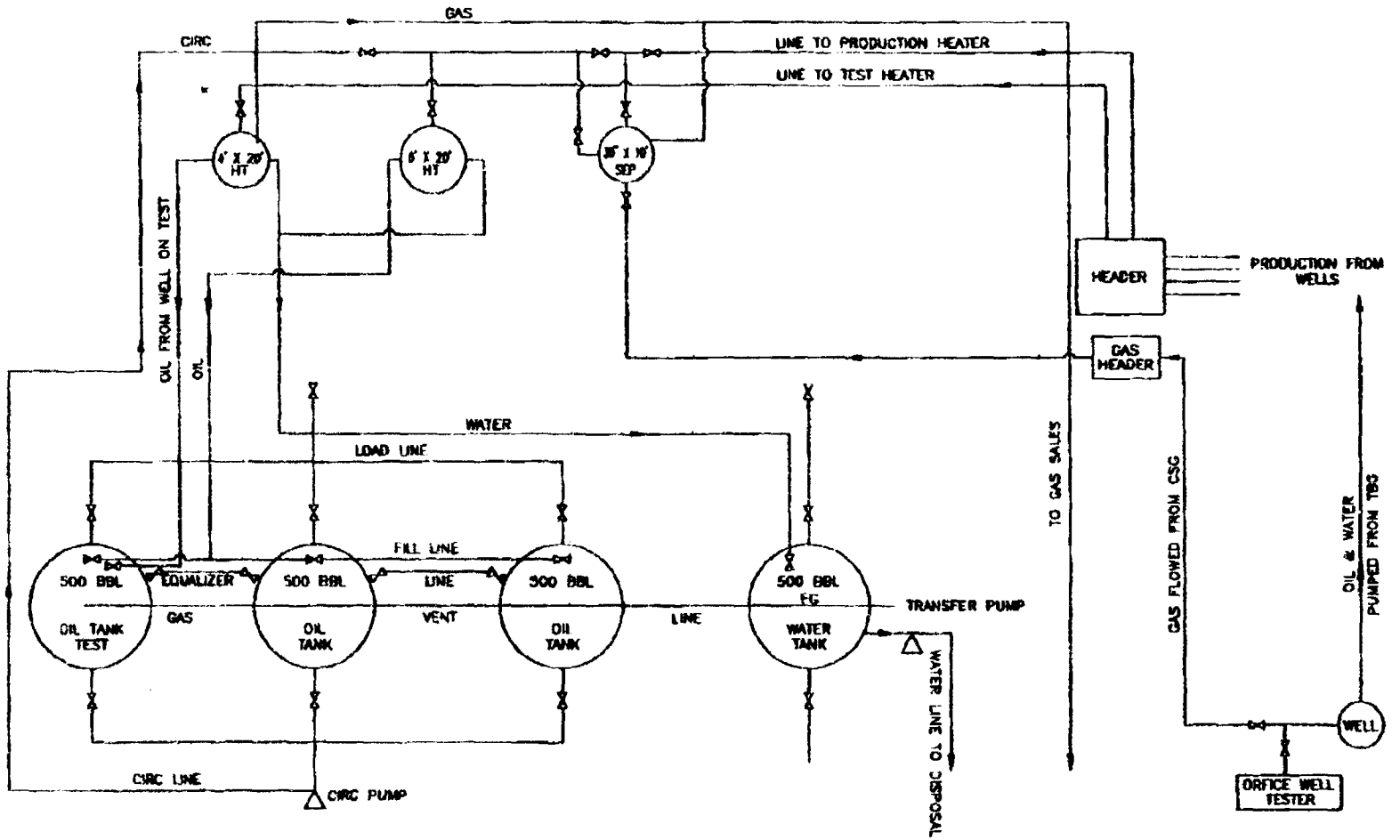
Lease Name: Windfohr "4" Federal

Well No.	UL	Sec.	Twp.	Rng.	Formation
1	13	4	18S	27E	Grayburg/San Andres
2	13	4	18S	27E	Grayburg/San Andres
3	14	4	18S	27E	Grayburg/San Andres
4	14	4	18S	27E	Grayburg/San Andres
5	19	4	18S	27E	Grayburg/San Andres
6	19	4	18S	27E	Grayburg/San Andres
7	20	4	18S	27E	Grayburg/San Andres
8	20	4	18S	27E	Grayburg/San Andres

Lot 13 = Unit I
Lot 14 = Unit J
Lot 19 = Unit O
Lot 20 = Unit P

Production from the wells involved is as follows:

Well	BOPD	Oil Gravity	MCFPD
Mann "3" Federal #1	TO BE DRILLED, TEST TO FOLLOW		
Mann "3" Federal #2	TO BE DRILLED, TEST TO FOLLOW		
Mann "3" Federal #3	TO BE DRILLED, TEST TO FOLLOW		
Mann "3" Federal #4	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #1	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #2	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #3	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #4	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #5	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #6	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #7	TO BE DRILLED, TEST TO FOLLOW		
Windfohr "4" Federal #8	TO BE DRILLED, TEST TO FOLLOW		



devon

WEST RED LAKE AREA

EDDY COUNTY, NEW MEXICO

EXHIBIT # 1

TANK BATTERY

FLOW DIAGRAM

WINDFOHR 4 FEDERAL

E. BUTROSS 9/98

Exhibit I is a schematic, which shows the equipment that will be utilized to determine well production from each lease. A map (Exhibit II) is enclosed that shows the lease numbers and location of all leases and wells that will contribute production to the proposed commingled facility.

The storage and measuring facility will be located in UL "13" in the NE/SE Section 4, T18S, R27E on lease number LC-061783-A in Eddy County, NM. The BLM will be notified if there are any future changes in the facility location.

Process and Flow Description: Under the proposed flow system, gas will be flowed out the casing from each well and will be tested at the well using an orifice well tester. Oil and water will be pumped out the tubing and will go through a flowline to a header at the battery. Wells will be tested by switching into the test treater, which will separate the oil and water and allow the oil to be measured in a test tank and the water by means of a meter.

Production Allocation: Production allocation will be based on periodic well tests as described above. Allocation of total gas recorded by the Sales Gas Meter will be based on these periodic tests.

The overriding royalty owners, working interest owners, and the NMOCD are being notified of this proposal.

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

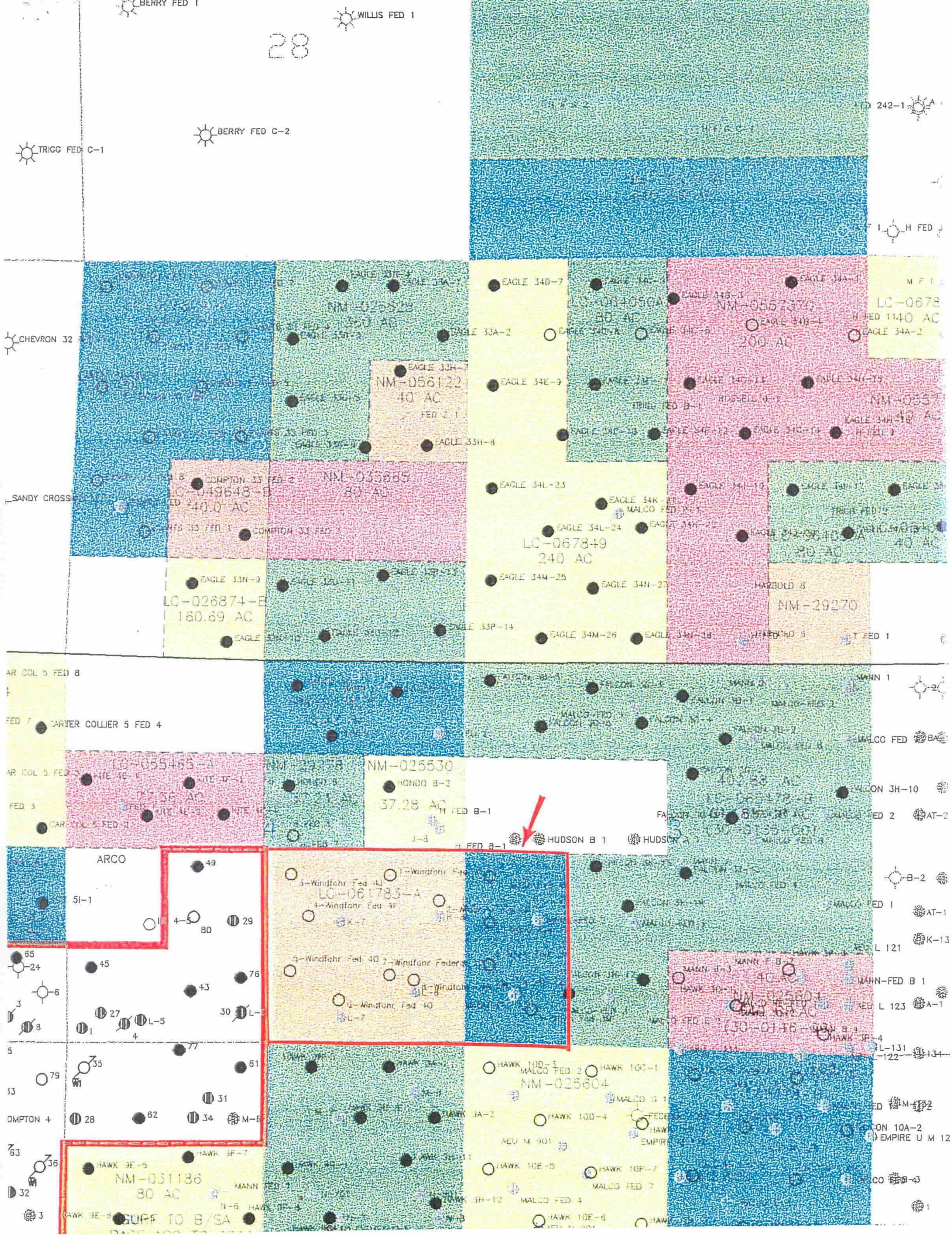
The proposed commingling is necessary for hydrocarbon development and operation on the above referenced Federal leases.

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

Signed: E. L. Buttross, Jr.
Name: E. L. Buttross, Jr.
Title: District Engineer
Date: September 4, 1998

Devon Energy Corporation
20 N. Broadway, Suite 1500
Oklahoma City, OK 73102
(405) 235-3611

EXHIBIT # 2


BERRY FED 1
WILLIS FED 1
28
BERRY FED C-2
TRIGG FED C-1
CHEVRON 32
SANDY CROSSING
NM-025528
360 AC
NM-056122
40 AC
LC-049648-B
NM-035885
80 AC
LC-067849
240 AC
LC-026874-B
160.69 AC
NM-29270
CARTER COLLIER 5 FED 4
LC-055465-A
NM-025530
37.28 AC
HUDSON B 1
ARCO
LC-061783-A
NM-025604
NM-031186
80 AC
EAGLE 34D-7
EAGLE 33A-2
EAGLE 34E-9
EAGLE 34L-23
EAGLE 34L-24
EAGLE 34M-25
EAGLE 34M-26
EAGLE 33N-9
EAGLE 33P-14
HONDO B-2
H FED B-1
HAWK 10D-3
HAWK 10C-1
HAWK 10D-4
MALCO FED 4
MALCO FED 7
EMPIRE U M 12

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO. **Case No. 12061**

AFFIDAVIT ERNEST L. BUTTROSS, JR.

STATE OF OKLAHOMA)
) ss.
COUNTY OF OKLAHOMA)

Ernest L. Buttross, Jr., being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am a petroleum engineer for Applicant, and am responsible for engineering and production matters related to the above case.

3. This case seeks lease commingling of production from the Red Lake Queen-Grayburg-San Andres Pool, Glorieta formation, and Yeso formation. Oil produced from the foregoing pool and formations is compatible, and no problems are anticipated by placing all production in the same tank battery. In fact, ARCO Permian has applied for downhole commingling of production from these zones in this same area.

Ernest L. Buttross, Jr.
Ernest L. Buttross, Jr.

SUBSCRIBED AND SWORN TO before me this 11 day of December, 1998, by Ernest L. Buttross, Jr.

S. K. Huddleston
Notary Public

My Commission Expires:
6-14-99

NEW MEXICO
OIL CONSERVATION DIVISION
Devon EXHIBIT 2
CASE NO 12061

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF DEVON ENERGY CORPORATION (NEVADA) FOR LEASE COMMINGLING, EDDY COUNTY, NEW MEXICO. **Case No. 12061**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 14th day of December, 1998, by James Bruce.

Notary Public

My Commission Expires:

3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION
Devon EXHIBIT 3
CASE NO. 12061

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

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

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

October 29, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Interest owners in federal leases LC 061783-A and LC 061783-B

Enclosed is a copy of an amended application, filed with the New Mexico Oil Conservation Division by Devon Energy Corporation (Nevada), requesting approval of lease commingling of production from the subject leases. This matter will be heard at 8:15 a.m. on Thursday, November 19, 1998 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an interest owner in the leases, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

Attorney for Devon Energy
Corporation (Nevada)

EXHIBIT
A

Override owners in Tracts 7 and 8 of the EMPIRE /ABO/ UNI
39030001-00238
EMPIRE/ABO/UT TR 7 PH II
013857 00
BALWICK LIMITED PARTNERSHIP
2516 LOCKHEED
MIDLAND TX 79701-3956
020546 00
DAVIDSON, RICHARD K
P O BOX 387
LA JARA CO 81140-0387
020762 00
KURZ, BARBARA A
P O BOX 14371
HUMBLE TX 77347-4371
023198 00
KEYES, ROBERT GRANT, AND
ALERTA N KEYES JTWROS LIFE ESTATE
REMAINDERMAN MARSHA A KEYES AND
GISELLE E KEYES
1119 S MISSOURI
ROSWELL NM 88201-4327
140549 00
GRIFFIN, HATTYE RUTH
2808 ABINGDOM PKWY
BIRMINGHAM AL 35243-1757
146153 00
KEYES, CONRAD AND JOSEPHINE, REV TR
CONRAD AND JOSPHINE KEYES COTRUSTEES
PO BOX 156
RUIDOSO NM 88345-0156
176142 00
SHARBRO OIL LTD CO
PO BOX 840
ARTESIA NM 88211-0840
279119 00
ROEBUCK, I F, JR
PO BOX 25024
DALLAS TX 75225-1024
279120 00
HINSON, EVELYN

cc:

EXHIBIT
A

7714 LITCHFIELD					
SPRING		TX 77379-7232			
338456 00					
MOORE, JANE ELLEN					
PO BOX 3389					
SHERMAN		TX 75090			
338457 00					
WHEELER, EDITH C					
C/O W RODNEY ALLISON					
PO BOX 64035					
LUBBOCK		TX 79464-4035			
338458 00					
MCWHORTER, MARY J					
JAMES ROBERT MCWHORTER, ATTY-IN-FACT					
769 CANYON RD					
LOGAN		UT 84321-4316			
338460 00					
MOORE, MICHAEL H					
PO BOX 3389					
SHERMAN		TX 75091-3389			
338461 00					
ALLISON, ANN D					
PO BOX 64035					
LUBBOCK		TX 79464-4035			
338462 00					
COPPEDGE, DAVIS A					
466 GOODWIN DR					
RICHARDSON		TX 75081-5549			
338463 00					
COPPEDGE, JAMES T					
PO BOX 43					
SPENCER		IN 47460-0043			
338464 00					
MCWHORTER, BRENT W					
6140 E VOLTAIRE					
SCOTTSDALE		AZ 85254-3851			
438464 00					
MCNALLY, LILLIAN OHACO					
317 SHERRILL LANE #17					
ROSWELL		NM 88201-5827			
507777 00					

YATES, LILLIE M, ESTATE	
S P YATES, FRANK YATES JR, B W	
HARPER PERS RPS FRANK YATES JR AIF	
PO BOX 840	
ARTESIA NM 88211-0840	
533023 00	
YATES, HARVEY E, COMPANY	
PO BOX 1933	
ROSWELL NM 88202-1933	
537491 00	
LODEWICK, JOHN WIDNEY	
3305 WENTWOOD	
DALLAS TX 75225-4847	
537493 00	
LODEWICK, LAURA PATRICIA	
LAURA B LODEWICK ATTORNEY IN FACT	
511 NEWELL	
DALLAS TX 75223-1155	
560325 00	
BALLARD, RICHARD WILLIAM	
11651 CALLE JAUELINA	
TUCSON AZ 85748-8356	
560326 00	
PRICE, BETTY LOU	
5210 CHURUBUSCO DR	
SAN ANTONIO TX 78239-3107	
657140 00	
YATES, S P	
YATES BUILDING	
105 SOUTH 4TH STREET	
ARTESIA NM 88210-2177	
657141 00	
YATES, JOHN A	
331 WEST MAIN SUITE A	
ARTESIA NM 88210-2160	
672435 00	
THORNE, JOHN E	
4575 BRAUNGATE DR	
ST LOUIS MO 63128-3017	
676768 00	
WHITE, LARUE	
1776 LARCH AVNEUE NO 303	

CINCINNATI		OH 45224			
676769 00					
GETTYS, JANICE MANN					
803 S STRATTON ST					
DECATUR		TX 76234-2324			
676770 00					
BARNETTE, LELA BESS					
US BANK OF WASHINGTON NA					
ACCT #0881 063630					
101 WEST WASHINGTON STREET					
SEQUIM		WA 98382-3337			
676771 00					
HENSON, HELEN					
7143 PALADIN WAY					
RIO LINDA		CA 95673-2114			
687986 00					
GREENE, ELIZABETH T					
200 EAST 22ND ST #12					
ROSWELL		NM 88201-6439			
687987 00					
THORNE, DAVID WHITE					
211 MAPLE ST					
BREVARD		NC 28712-3823			
687988 00					
WASHBURN, JANE ARETA RONCA					
11805 LACHARLES AVE NE					
ALBUQUERQUE		NM 87111-4042			
687989 00					
THORNE, HENRY F					
PO BOX 36					
LONG PINE		NE 69217-0036			
758570 00					
RUSSELL ESTATE TRUST					
THE FIRST NATL BK OF ARTESIA TSTE					
DRAWER AA					
ARTESIA		NM 88211-7526			
772556 01					
MEYER, MARJORIE					
LIFE ESTATE					
A/C #8-324718-9					
390 S DAYTON ST#211					
DENVER		CO 80231-1325			

Received Last check Back from post office noted as deceased

948447 00					
ARRINGTON, DAVID H					
PO BOX 2071					
MIDLAND	TX 79702-2071				
39030001-00240					
EMPIRE/ABO/UT TR08 PII					
No override owners.					

EXHIBIT A

Ben J. Fortson, John L. Marion,
and Anne B. Windfohr, Successor
Co-Trustees of the Anne Valiant
Burnett Windfohr Trust
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

Anne Burnett Windfohr
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

Burnett Oil Company, Inc.
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

Altura Energy Ltd.
P.O. Box 4294
Houston, Texas 77210-4294
Attention: Jerry D. West

Ann Ziegler Bradford
1036 Bell Street
Edmonds, Washington 98020

Robert H. Ziegler, Jr.
P.O. Box 8621
Ketchikan, Alaska 99901

Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

PS Form **3800**, April 1995

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

Z 559 535 236

ALLISON, ANN D
PO BOX 64035
LUBBOCK TX 79464-4035

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:
ALLISON, ANN D
PO BOX 64035
LUBBOCK TX 79464-4035

4a. Article Number
Z 559 535 236

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

7. Date of Delivery
NOV

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*
LUBBOCK TX 79464 BINGER STA
USPS

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
KEYES, ROBERT GRANT, AND
ALERTA N KEYES JTWROS LIFE ESTATE
REMAINDERMAN MARSHA A KEYES AND
GISELLE E KEYES
1119 S MISSOURI
ROSWELL NM 88201-4327

Z 559 541 214

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

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

Consult postmaster for fee.

3. Article Addressed to:
KEYES, ROBERT GRANT, AND
ALERTA N KEYES JTWROS LIFE ESTATE
REMAINDERMAN MARSHA A KEYES AND
GISELLE E KEYES
1119 S MISSOURI
ROSWELL NM 88201-4327

4a. Article Number
Z 559 541 214

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

7. Date of Delivery
11/2/98

5. Received By: *(Print Name)*
ROBERT KEYES

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

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 232

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.03
Postmark or Date	

WHEELER, EDITH C
C/O W RODNEY ALLISON
PO BOX 64035
LUBBOCK TX 79464-4035

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:

DAVIDSON, RICHARD K
P O BOX 387
LA JARA CO 81140-0387

4a. Article Number
Z 559 541 212

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

7. Date of Delivery
11-2-98 RLR

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 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:

WHEELER, EDITH C
C/O W RODNEY ALLISON
PO BOX 64035
LUBBOCK TX 79464-4035

4a. Article Number
Z 559 535 232

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 541 212

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.03
Postmark or Date	

DAVIDSON, RICHARD K
P O BOX 387
LA JARA CO 81140-0387

PS Form **3800**, April 1995

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

Z 559 535 240

Sent to
MCNALLY, LILLIAN OHACO
317 SHERRILL LANE #17
ROSWELL NM 88201-5827

Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.96
Postmark or Date	

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:
MCWHORTER, MARY J
JAMES ROBERT MCWHORTER, ATT
769 CANYON RD
LOGAN UT 84321-4316

4a. Article Number
Z 559 535 233

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

7. Date of Delivery
10-31-98

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

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

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

PS Form **3811**, December 1994 DSV 102595-98-B-0229 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:
MCNALLY, LILLIAN OHACO
317 SHERRILL LANE #17
ROSWELL NM 88201-5827

4a. Article Number
Z 559 535 240

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

7. Date of Delivery
10-31-98

5. Received By: *(Print Name)*
Lillian O. McNally

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

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

PS Form **3811**, December 1994 DSV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 233

MCWHORTER, MARY J
JAMES ROBERT MCWHORTER, ATTY-I
769 CANYON RD
LOGAN UT 84321-4316

Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.96
Postmark or Date	25

PS Form **3800**, April 1995

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

Z 559 541 211

Sent to	BALWICK LIMITED PARTNERSHIP
	2516 LOCKHEED
	MIDLAND TX 79701-3956
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:
MCWHORTER, BRENT W
6140 E VOLTAIRE
SCOTTSDALE AZ 85254-3851

4a. Article Number
Z 559 535 239

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

7. Date of Delivery
11-2-96

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 239

Sent to	MCWHORTER, BRENT W
	6140 E VOLTAIRE
	SCOTTSDALE AZ 85254-3851
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:
BALWICK LIMITED PARTNERSHIP
2516 LOCKHEED
MIDLAND TX 79701-3956

4a. Article Number
Z 559 541 211

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

7. Date of Delivery
10-31-96

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 227

KEYES, CONRAD AND JOSEPHINE, REV T
CONRAD AND JOSPHINE KEYES COTRUS
PO BOX 156
RUIDOSO NM 88345-0156

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:

YATES, S P
YATES BUILDING
105 SOUTH 4TH STREET
ARTESIA NM 88210-2177

4a. Article Number Z 559 535 247

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

7. Date of Delivery 10-29-98

5. Received By: *(Print Name)* JoAnn Griggs

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

[redacted] of envelope to

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:

KEYES, CONRAD AND JOSEPHINE, REV TR
CONRAD AND JOSPHINE KEYES COTRUST
PO BOX 156
RUIDOSO NM 88345-0156

4a. Article Number Z 559 535 227

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

7. Date of Delivery 10-31-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)* X C. G. Keyes

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 247

YATES, S P
YATES BUILDING
105 SOUTH 4TH STREET
ARTESIA NM 88210-2177

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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

Z 559 535 243

LODEWICK, JOHN WIDNEY
3305 WENTWOOD
DALLAS TX 75225-4847

Post Office, State, & ZIP Code

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:

LODEWICK, LAURA PATRICIA
LAURA B LODEWICK ATTORNEY IN
511 NEWELL
DALLAS TX 75223-1155

4a. Article Number
Z 559 535 244

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

7. Date of Delivery
11/3/98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 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:

LODEWICK, JOHN WIDNEY
3305 WENTWOOD
DALLAS TX 75225-4847

4a. Article Number
Z 559 535 243

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

7. Date of Delivery
NOV 3 1998

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, April 1995

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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

Z 559 535 244

LODEWICK, LAURA PATRICIA
LAURA B LODEWICK ATTORNEY IN FA
511 NEWELL
DALLAS TX 75223-1155

Z 559 535 253

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

HENSON, HELEN
7143 PALADIN WAY
RIO LINDA CA 95673-2114

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	10/31/98

PS Form **3800**, April 1995

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
HENSON, HELEN
7143 PALADIN WAY
RIO LINDA CA 95673-2114

4a. Article Number Z 559 535 253
4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 10/31/98
8. Addressee's Address *(Only if requested and fee is paid)*

5. Received By: *(Print Name)* [illegible]
6. Signature: *(Addressee or Agent)* [illegible]

PS Form **3811**, December 1994 Domestic Return Receipt
102595-98-B-0229

Is your RETURN ADDRESS completed on the reverse side?

Z 559 535 252

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

BARNETTE, LELA BESS
US BANK OF WASHINGTON NA
ACCT #0881 063630
101 WEST WASHINGTON STREET
SEQUIM WA 98382-3337

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	10/31/98

PS Form **3800**, April 1995

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
BARNETTE, LELA BESS
US BANK OF WASHINGTON NA
ACCT #0881 063630
101 WEST WASHINGTON STREET
SEQUIM WA 98382-3337

4a. Article Number Z 559 535 252
4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 10/31/98
8. Addressee's Address *(Only if requested and fee is paid)*

5. Received By: *(Print Name)* [illegible]
6. Signature: *(Addressee or Agent)* [illegible]

PS Form **3811**, December 1994 Domestic Return Receipt
102595-98-B-0229

Is your RETURN ADDRESS completed on the reverse side?

Z 559 535 108

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

RUSSELL ESTATE TRUST
THE FIRST NATL BK OF ARTESIA TSTE
DRAWER AA
ARTESIA NM 88211-7526

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	10-29

PS Form **3800**, April 1995

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:
RUSSELL ESTATE TRUST
THE FIRST NATL BK OF ARTESIA TSTE
DRAWER AA
ARTESIA NM 88211-7526

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

4a. Article Number Z 559 535 108
4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery 11-2-98
8. Addressee's Address *(Only if requested and fee is paid)*

5. Received By: *(Print Name)* Phillip Lawson
6. Signature: *(Addressee or Agent)* X Phillip Lawson

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 559 535 256

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

GREENE, ELIZABETH T
200 EAST 22ND ST #12
ROSWELL NM 88201-6439

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

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:
GREENE, ELIZABETH T
200 EAST 22ND ST #12
ROSWELL NM 88201-6439

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

4a. Article Number Z 559 535 256
4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery 10-31-98
8. Addressee's Address *(Only if requested and fee is paid)*

5. Received By: *(Print Name)*
6. Signature: *(Addressee or Agent)* X Elizabeth T Greene

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 234

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.78
Postmark or Date	

MOORE, MICHAEL H
PO BOX 3389
SHERMAN TX 75091-3389

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:

YATES, JOHN A
331 WEST MAIN SUITE A
ARTESIA NM 88210-2160

4a. Article Number
Z 559 535 248

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

7. Date of Delivery
11-02-98

5. Received By: *(Print Name)* Jo Ann Griggs

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 DFV 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, April 1995

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

Z 559 535 248

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.78
Postmark or Date	11-2-98

YATES, JOHN A
331 WEST MAIN SUITE A
ARTESIA NM 88210-2160

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:

MOORE, MICHAEL H
PO BOX 3389
SHERMAN TX 75091-3389

4a. Article Number
Z 559 535 234

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

7. Date of Delivery
11-7-98

5. Received By: *(Print Name)*

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 DFV 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, April 1995

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

Z 559 535 241

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

YATES, LILLIE M, ESTATE
S P YATES, FRANK YATES JR, B W
HARPER PERS RPS FRANK YATES JR
PO BOX 840
ARTESIA NM 88211-0840

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:
279120 00
HINSON, EVELYN
7714 LITCHFIELD
SPRING TX 77379-7232

4a. Article Number
Z 559 535 230

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

7. Date of Delivery
10/31/98

5. Received By: *(Print Name)*
Kelly Hinson

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

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 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 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.

…n to receive the …owing services (for an …xtra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
YATES, LILLIE M, ESTATE
S P YATES, FRANK YATES JR, B W
HARPER PERS RPS FRANK YATES J
PO BOX 840
ARTESIA NM 88211-0840

4a. Article Number
Z 559 535 241

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

7. Date of Delivery
11-2-98

5. Received By: *(Print Name)*
Toni Hamilton

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

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 230

HINSON, EVELYN
7714 LITCHFIELD
SPRING TX 77379-7232

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

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

Sent to
SHARBRO OIL LTD CO
PO BOX 840
ARTESIA NM 88211-0840

Z 559 535 228

Postage	$ 3.35
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 5.80
Postmark or Date	

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:
WASHBURN, JANE ARETA RONCA
11805 LACHARLES AVE NE
ALBUQUERQUE NM 87111-4042

4a. Article Number
Z 559 535 228

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

7. Date of Delivery
10-31-96

5. Received By: *(Print Name)*
SAMUEL A WASHBURN

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

6. Signature: *(Addressee or Agent)*
X Samuel A Washburn

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Sent to
WASHBURN, JANE ARETA RONCA
11805 LACHARLES AVE NE
ALBUQUERQUE NM 87111-4042

Z 559 535 258

Postage	$ 3.35
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 5.80
Postmark or Date	

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:
SHARBRO OIL LTD CO
PO BOX 840
ARTESIA NM 88211-0840

4a. Article Number
Z 559 535 228

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

7. Date of Delivery
11-2-96

5. Received By: *(Print Name)*
Toni Hamilton

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 229

ROEBUCK, I F, JR
PO BOX 25024
DALLAS TX 75225-1024

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.78
Postmark or Date	

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:
PRICE, BETTY LOU
5210 CHURUBUSCO DR
SAN ANTONIO TX 78239-3107

4a. Article Number
Z 559 535 246

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

7. Date of Delivery
10-31-98

5. Received By: *(Print Name)*
MARY NABORS

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

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

PS Form **3811**, December 1994 DEV 1 102595-98-B-0229 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:
ROEBUCK, I F, JR
PO BOX 25024
DALLAS TX 75225-1024

4a. Article Number
Z 559 535 229

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

7. Date of Delivery
11-3-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 246

PRICE, BETTY LOU
5210 CHURUBUSCO DR
SAN ANTONIO TX 78239-3107

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.78
Postmark or Date	

Z 559 535 250

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

WHITE, LARUE
1776 LARCH AVNEUE NO 303
CINCINNATI OH 45224

Post Office, State, & ZIP Code	
Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.08
Postmark or Date	SMYRNA 29 1996

PS Form **3800**, April 1995

Thank you for using Return Receipt Service.

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

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

3. Article Addressed to:
WHITE, LARUE
1776 LARCH AVNEUE NO 303
CINCINNATI OH 45224

4a. Article Number Z 559 535 250
4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 12-29-95
8. Addressee's Address *(Only if requested and fee is paid)*

5. Received By: *(Print Name)*
6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Z 559 535 226

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

GRIFFIN, HATTYE RUTH
2808 ABINGDOM PKWY
BIRMINGHAM AL 35243-1757

Post Office, State, & ZIP Code	
Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.08
Postmark or Date	

PS Form **3800**, April 1995

Thank you for using Return Receipt Service.

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

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

3. Article Addressed to:
GRIFFIN, HATTYE RUTH
2808 ABINGDOM PKWY
BIRMINGHAM AL 35243-1757

4a. Article Number Z 559 535 226
4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 12-15-95
8. Addressee's Address *(Only if requested and fee is paid)*

5. Received By: *(Print Name)*
6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3800**, April 1995

Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.96
Postmark or Date	

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

Sent to
GETTYS, JANICE MANN
803 S STRATTON ST
DECATUR TX 76234-2324

Z 559 535 251

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:

COPPEDGE, JAMES T
PO BOX 43
SPENCER IN 47460-0043

4a. Article Number
Z 559 535 238

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

7. Date of Delivery
11-2-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 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:

GETTYS, JANICE MANN
803 S STRATTON ST
DECATUR TX 76234-2324

4a. Article Number
Z 559 535 251

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

7. Date of Delivery
11-2-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.96
Postmark or Date	

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

Sent to
COPPEDGE, JAMES T
PO BOX 43
SPENCER IN 47460-0043

Z 559 535 238

PS Form **3800**, April 1995

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

Z 559 535 257

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

THORNE, DAVID WHITE
211 MAPLE ST
BREVARD NC 28712-3823

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:

THORNE, JOHN E
4575 BRAUNGATE DR
ST LOUIS MO 63128-3017

4a. Article Number
Z 559 535 249

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

7. Date of Delivery
NOV 31 1998

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X John E Thorne Wd

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 249

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	NOV 2 1998

THORNE, JOHN E
4575 BRAUNGATE DR
ST LOUIS MO 63128-3017

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:

THORNE, DAVID WHITE
211 MAPLE ST
BREVARD NC 28712-3823

4a. Article Number
Z 559 535 257

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

7. Date of Delivery
11-2-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 231

MOORE, JANE ELLEN
PO BOX 3389
SHERMAN TX 75090

Postage	$ 3.9
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.15
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.9
Postmark or Date	

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:
THORNE, HENRY F
PO BOX 36
LONG PINE NE 69217-0036

4a. Article Number
Z 559 535 259

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

7. Date of Delivery
BM 11/2/98

5. Received By: *(Print Name)* Henry F Thorne

6. Signature: *(Addressee or Agent)*
X Henry F Thorne

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 231

MOORE, JANE ELLEN
PO BOX 3389
SHERMAN TX 75090

Postage	$ 3.9
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.15
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.9
Postmark or Date	

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:
MOORE, JANE ELLEN
PO BOX 3389
SHERMAN TX 75090

4a. Article Number
Z 559 535 231

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

7. Date of Delivery
11-7-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 535 259

THORNE, HENRY F
PO BOX 36
LONG PINE NE 69217-0036

Postage	$ 3.5
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.15
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.9
Postmark or Date	

PS Form **3800**, April 1995

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

BALLARD, RICHARD WILLIAM
11651 CALLE JAUELINA
TUCSON AZ 85748-8356

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

Z 559 535 245

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:
COPPEDGE, DAVIS A
466 GOODWIN DR
RICHARDSON TX 75081-5549

4a. Article Number
Z 559 535 237

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

7. Date of Delivery
11-3-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 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:
BALLARD, RICHARD WILLIAM
11651 CALLE JAUELINA
TUCSON AZ 85748-8356

4a. Article Number
Z 559 535 245

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

7. Date of Delivery
11-4-98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

COPPEDGE, DAVIS A
466 GOODWIN DR
RICHARDSON TX 75081-5549

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

Z 559 535 237

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:

020762 00
KURZ, BARBARA A
P O BOX 14371
HUMBLE TX 77347-4371

4a. Article Number
Z 559 541 213

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3800, April 1995

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

Sent to
KURZ, BARBARA A
Street & No.
P O BOX 14371
P.O. State & ZIP
HUMBLE TX 77347-4371

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

Z 559 541 213

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:

MEYER, MARJORIE
LIFE ESTATE
A/C #8-324718-9
390 S DAYTON ST#211
DENVER CO 80231-1325

4a. Article Number
Z 559 335 110

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 559 535 110

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

MEYER, MARJORIE
LIFE ESTATE
A/C #8-324718-9
390 S DAYTON ST#211
DENVER CO 80231-1325

PS Form **3800**, April 1995

Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.30
Postmark or Date	8 25

Z 559 535 242

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

YATES, HARVEY E, COMPANY
PO BOX 1933
ROSWELL NM 88202-1933

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

PS Form **3800**, April 1995

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

Z 559 534 709

Sent to
ARRINGTON, DAVID H
PO BOX 2071
MIDLAND TX 79702-2071

Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:

Ben J. Fortson, John L. Marion,
and Anne B. Windfohr, Succ
Co-Trustees of the Anne Vali
Burnett Windfohr Trust
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

4a. Article Number
Z 559 534 710

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

7. Date of Delivery
NOV 02 1998

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 534 710

Ben J. Fortson, John L. Marion,
and Anne B. Windfohr, Successor
Co-Trustees of the Anne Valiant
Burnett Windfohr Trust
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

Postage	$ .51
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:

ARRINGTON, DAVID H
PO BOX 2071
MIDLAND TX 79702-2071

4a. Article Number
Z 559 531 709

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

7. Date of Delivery
NOV 4 1998

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Tina L Chaney

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

MIDLAND TX DOWNTOWN STA. NOV 4 1998 USPS

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 534 716

Sent to	Bureau of Land Management 2909 West Second Street Roswell, New Mexico 88201
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	23 NOV 1998

Is your RETURN ADDRESS completed on the reverse side?

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

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

Consult postmaster for fee.

3. Article Addressed to:

Robert H. Ziegler, Jr.
P.O. Box 8621
Ketchikan, Alaska 99901

4a. Article Number: Z 559 534 715

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

7. Date of Delivery: NOV 24 1998

5. Received By: *(Print Name)* R H Ziegler

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

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

KETCHIKAN, AK 99901 NOV 24 1998 USPO

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 534 715

Sent to	Robert H. Ziegler, Jr. P.O. Box 8621 Ketchikan, Alaska 99901
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	23 NOV 1998

Is your RETURN ADDRESS completed on the reverse side?

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

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

Consult postmaster for fee.

3. Article Addressed to:

Bureau of Land Management
2909 West Second Street
Roswell, New Mexico 88201

4a. Article Number: Z 559 534 716

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

7. Date of Delivery: NOV 24 98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 559 534 713

Sent to
Altura Energy Ltd.
P.O. Box 4294
Houston, Texas 77210-4294
Attention: Jerry D. West

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

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:

Anne Burnett Windfohr
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

4a. Article Number
Z 559 534 711

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

7. Date of Delivery
NOV 02 1998

5. Received By: *(Print Name)*

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

6. [illegible]

P [illegible]

n 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:

Altura Energy Ltd.
P.O. Box 4294
Houston, Texas 77210-4294
Attention: Jerry D. West

4a. Article Number
Z 559 534 713

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

7. Date of Delivery
NOV 02 1998

5. Received By: *(Print Name)*

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

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

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

PS Form **3800**, April 1995

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

Z 559 534 711

Sent to
Anne Burnett Windfohr
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

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

Z 559 534 712

Sent to	Burnett Oil Company, Inc. Suite 1500 801 Cherry Street Fort Worth, Texas 76102-6869
Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.78
Postmark or Date	

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:

Ann Ziegler Bradford
1036 Bell Street
Edmonds, Washington 98020

4a. Article Number: Z 559 534 714

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

7. Date of Delivery: 11/2

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X A3B

PS Form **3811**, December 1994 DEV 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

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

Z 559 534 714

Sent to	Ann Ziegler Bradford 1036 Bell Street Edmonds, Washington 98020
Postage	$ .33
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.78
Postmark or Date	NOV 2 1998

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Burnett Oil Company, Inc.
Suite 1500
801 Cherry Street
Fort Worth, Texas 76102-6869

4a. Article Number: Z 559 534 712

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

7. Date of Delivery: NOV 02 1998

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 AEM 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

St	County	Location	Well/Lease	Well #	Field	Operator	Retrieval Code	API Number	Status	Product	Gas Cum	Oil Cum	T
NM	EDDY	3E 18S 27E	RED LAKE 3 FEDERAL	1	EMPIRE (YESO)	ARCO PERMIAN	150,015,0152980196210	30-015-29801-00	ACT	O	7530	7093	X
NM	EDDY	3E 18S 27E	RED LAKE 3 FEDERAL	2	EMPIRE (YESO)	ARCO PERMIAN	150,015,0152980296210	30-015-29802-00	ACT	O	4210	0	X
NM	EDDY	4 18S 27E	WEST RED LAKE 4 FED	2	RED LAKE (GLORIETA YESA) GY	ARCO PERMIAN	150,015,0153018651120	30-015-30186-00	ACT	O	1638	1113	X
NM	EDDY	4 18S 27E	LAGO ROSA 4 FEDERA	5	RED LAKE (GLORIETA YESA) GY	ARCO PERMIAN	150,015,0153023451120	30-015-30234-00	ACT	O	1323	1442	X
NM	EDDY	8C 18S 27E	WEST RED LAKE UNIT	1	RED LAKE (GLORIETA YESA) GY	DEVON ENERGY CORP	150,015,18S27E08C00GY	30-015-26428-00	INA	O	27214	13404	X
NM	EDDY	30F 18S 27E	FAIR	000001	DAYTON EAST (YESO) YE	READ & STEVENS INC	150,015,18S27E30FPKYE	30-015-24077-00	P&A	O	38097	5899	X

NEW MEXICO
OIL CONSERVATION DIVISION
Devon EXHIBIT 4
CASE NO. 12961

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
OIL LEASE HISTORY Published 11/98
NEW MEXICO OIL SOUTHEAST (#150,015,0152980196210)

OPERATOR (#181415)	WELL NAME	WELL #
ARCO PERMIAN	RED LAKE 3 FEDERAL	1

LOCATION	STATE	DIST	COUNTY (#015)	LEASE #
3E 18S 27E	NM	002	EDDY	0

API #	FIELD (#8026976)	RESERVOIR
30-015-2980100	EMPIRE (YESO)	YESO

TOTAL DEPTH	UPPER PERF	LOWER PERF	GAS GATH	LIQ GATH	GAS GRAV	LIQ GRAV	TEMP GRAD
	3044	3592	ARCPE				

COMP DATE	1ST PROD DATE	LAST PROD DATE	STATUS DATE	STATUS
	9801	9806		ACT

CUM THRU LPD OIL/BBLS	OIL CUM SINCE DATE	CUM THRU LPD CSGHD GAS/MCF	CASINGHEAD CUM SINCE DATE
7093	FPDAT	7530	FPDAT

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
RED LAKE 3 FEDERAL (#150,015,0152980196210)

*** ANNUAL PRODUCTION HISTORY ***

YEAR	OIL BBLS	CASINGHEAD GAS/MCF	WATER BBLS
1998	7093	7530	51450

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
RED LAKE 3 FEDERAL (#150,015,0152980196210)

*** MONTHLY PRODUCTION HISTORY ***

MONTH	OIL BBLS	CUM OIL BBLS	CASINGHEAD GAS/MCF	CUM CASINGHEAD	WATER BBLS	DAYS ON
JAN	0	0	595	595	0	-
FEB	2063	2063	1659	2254	9604	28
MAR	1683	3746	1492	3746	10633	31
APR	1487	5233	1306	5052	10290	30
MAY	1148	6381	1304	6356	10633	31
JUN	712	7093	1174	7530	10290	30
1998	7093	7093	7530	7530	51450	

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
OIL LEASE HISTORY Published 11/98
NEW MEXICO OIL SOUTHEAST (#150,015,0152980296210)

OPERATOR (#181415)	WELL NAME	WELL #
ARCO PERMIAN	RED LAKE 3 FEDERAL	2

LOCATION	STATE	DIST	COUNTY (#015)	LEASE #
3E 18S 27E	NM	002	EDDY	0

API #	FIELD (#8026976)	RESERVOIR
30-015-2980200	EMPIRE (YESO)	YESO

TOTAL DEPTH	UPPER PERF	LOWER PERF	GAS GATH	LIQ GATH	GAS GRAV	LIQ GRAV	TEMP GRAD
	3150	3360	ARCPE	AMOPL			

COMP DATE	1ST PROD DATE	LAST PROD DATE	STATUS DATE	STATUS
	9801	9806		ACT

CUM THRU LPD OIL/BBLS	OIL CUM SINCE DATE	CUM THRU LPD CSGHD GAS/MCF	CASINGHEAD CUM SINCE DATE
	FPDAT	4210	FPDAT

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
RED LAKE 3 FEDERAL (#150,015,0152980296210)

*** ANNUAL PRODUCTION HISTORY ***

YEAR	OIL BBLS	CASINGHEAD GAS/MCF	WATER BBLS
1998	0	4210	66300

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
RED LAKE 3 FEDERAL (#150,015,0152980296210)

*** MONTHLY PRODUCTION HISTORY ***

MONTH	OIL BBLS	CUM OIL BBLS	CASINGHEAD GAS/MCF	CUM CASINGHEAD	WATER BBLS	DAYS ON
JAN	0	0	155	155	0	-
FEB	0	0	694	849	12376	-
MAR	0	0	824	1673	13702	-
APR	0	0	1323	2996	13260	-
MAY	0	0	694	3690	13702	-
JUN	0	0	520	4210	13260	-
1998	0	0	4210	4210	66300	

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
OIL LEASE HISTORY Published 11/98
NEW MEXICO OIL SOUTHEAST (#150,015,0153018651120)

OPERATOR (#181415)	WELL NAME	WELL #
ARCO PERMIAN	WEST RED LAKE 4 FEDERAL	2

LOCATION	STATE	DIST	COUNTY (#015)	LEASE #
4 18S 27E	NM	002	EDDY	0

API #	FIELD (#8060269)	RESERVOIR
30-015-3018600	RED LAKE (GLORIETA YESA) GY	GLORIETA YESA

TOTAL DEPTH	UPPER PERF	LOWER PERF	GAS GATH	LIQ GATH	GAS GRAV	LIQ GRAV	TEMP GRAD
	2905	3154	ARCPE				

COMP DATE	1ST PROD DATE	LAST PROD DATE	STATUS DATE	STATUS
	9807	9807		ACT

CUM THRU LPD OIL/BBLS	OIL CUM SINCE DATE	CUM THRU LPD CSGHD GAS/MCF	CASINGHEAD CUM SINCE DATE
1113	FPDAT	1638	FPDAT

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
WEST RED LAKE 4 FEDERAL (#150,015,0153018651120)

*** ANNUAL PRODUCTION HISTORY ***

YEAR	OIL BBLS	CASINGHEAD GAS/MCF	WATER BBLS
1998	1113	1638	7809

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
WEST RED LAKE 4 FEDERAL (#150,015,0153018651120)

*** MONTHLY PRODUCTION HISTORY ***

MONTH	OIL BBLS	CUM OIL BBLS	CASINGHEAD GAS/MCF	CUM CASINGHEAD	WATER BBLS	DAYS ON
JUL 1998	1113	1113	1638	1638	7809	19
	1113	1113	1638	1638	7809	

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
OIL LEASE HISTORY Published 11/98
NEW MEXICO OIL SOUTHEAST (#150,015,0153023451120)

OPERATOR (#181415)	WELL NAME	WELL #
ARCO PERMIAN	LAGO ROSA 4 FEDERAL	5

LOCATION	STATE	DIST	COUNTY (#015)	LEASE #
4 18S 27E	NM	002	EDDY	0

API #	FIELD (#8060269)	RESERVOIR
30-015-3023400	RED LAKE (GLORIETA YESA) GY	GLORIETA YESA

TOTAL DEPTH	UPPER PERF	LOWER PERF	GAS GATH	LIQ GATH	GAS GRAV	LIQ GRAV	TEMP GRAD
	2879	3171	ARCPE				

COMP DATE	1ST PROD DATE	LAST PROD DATE	STATUS DATE	STATUS
	9807	9807		ACT

CUM THRU LPD OIL/BBLS	OIL CUM SINCE DATE	CUM THRU LPD CSGHD GAS/MCF	CASINGHEAD CUM SINCE DATE
1442	FPDAT	1323	FPDAT

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
LAGO ROSA 4 FEDERAL (#150,015,0153023451120)

*** ANNUAL PRODUCTION HISTORY ***

YEAR	OIL BBLS	CASINGHEAD GAS/MCF	WATER BBLS
1998	1442	1323	9354

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
ARCO PERMIAN Published 11/98
LAGO ROSA 4 FEDERAL (#150,015,0153023451120)

*** MONTHLY PRODUCTION HISTORY ***

MONTH	OIL BBLS	CUM OIL BBLS	CASINGHEAD GAS/MCF	CUM CASINGHEAD	WATER BBLS	DAYS ON
JUL	1442	1442	1323	1323	9354	20
1998	1442	1442	1323	1323	9354	

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
OIL LEASE HISTORY Published 11/98
NEW MEXICO OIL SOUTHEAST (#150,015,18S27E08C00GY)

OPERATOR (#190472)	WELL NAME	WELL #
DEVON ENERGY CORP	WEST RED LAKE UNIT	1

LOCATION	STATE	DIST	COUNTY (#015)	LEASE #
8C 18S 27E	NM	002	EDDY	0

API #	FIELD (#8060269)	RESERVOIR
30-015-2642800	RED LAKE (GLORIETA YESA) GY	GLORIETA YESA

TOTAL DEPTH	UPPER PERF	LOWER PERF	GAS GATH	LIQ GATH	GAS GRAV	LIQ GRAV	TEMP GRAD
3044	2832	2901	GPMGC	KOCSV			

COMP DATE	1ST PROD DATE	LAST PROD DATE	STATUS DATE	STATUS
	9009	9410		INA

CUM THRU LPD OIL/BBLS	OIL CUM SINCE DATE	CUM THRU LPD CSGHD GAS/MCF	CASINGHEAD CUM SINCE DATE
13404	FPDAT	27214	FPDAT

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
DEVON ENERGY CORP Published 11/98
WEST RED LAKE UNIT (#150,015,18S27E08C00GY)

*** ANNUAL PRODUCTION HISTORY ***

YEAR	OIL BBLS	CASINGHEAD GAS/MCF	WATER BBLS
1990	4709	0	7178
1991	4267	9656	13452
1992	2204	7540	8608
1993	1319	5557	7784
1994	905	4461	4765

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
DEVON ENERGY CORP Published 11/98
WEST RED LAKE UNIT (#150,015,18S27E08C00GY)

*** MONTHLY PRODUCTION HISTORY ***

MONTH	OIL BBLS	CUM OIL BBLS	CASINGHEAD GAS/MCF	CUM CASINGHEAD	WATER BBLS	DAYS ON
JAN	559	5268	278	278	979	31
FEB	379	5647	854	1132	689	25
MAR	39	5686	109	1241	958	12
APR	668	6354	1008	2249	2541	28
MAY	483	6837	1199	3448	1587	29
JUN	372	7209	937	4385	1309	30
JUL	374	7583	1154	5539	1032	31
AUG	317	7900	1075	6614	984	31
SEP	299	8199	905	7519	882	30
OCT	290	8489	839	8358	957	31
NOV	238	8727	591	8949	757	30
DEC	249	8976	707	9656	777	31
1991	4267	8976	9656	9656	13452	
JAN	253	9229	656	10312	799	31
FEB	232	9461	605	10917	747	29
MAR	232	9693	659	11576	691	31
APR	198	9891	642	12218	783	30
MAY	200	10091	672	12890	776	31
JUN	170	10261	736	13626	662	30
JUL	173	10434	702	14328	749	31
AUG	162	10596	663	14991	747	31
SEP	142	10738	624	15615	671	30
OCT	152	10890	604	16219	646	31
NOV	139	11029	506	16725	654	30
DEC	151	11180	471	17196	683	31
1992	2204	11180	7540	17196	8608	
JAN	146	11326	495	17691	680	31
FEB	126	11452	396	18087	579	28
MAR	133	11585	506	18593	656	30
APR	118	11703	452	19045	636	30
MAY	118	11821	501	19546	664	31
JUN	109	11930	450	19996	624	30
JUL	125	12055	516	20512	661	31
AUG	111	12166	395	20907	682	31
SEP	87	12253	491	21398	692	30
OCT	100	12353	502	21900	684	31
NOV	64	12417	412	22312	619	30
DEC	82	12499	441	22753	607	31
1993	1319	12499	5557	22753	7784	

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
DEVON ENERGY CORP Published 11/98
WEST RED LAKE UNIT (#150,015,18S27E08C00GY)

*** MONTHLY PRODUCTION HISTORY ***

MONTH	OIL BBLS	CUM OIL BBLS	CASINGHEAD GAS/MCF	CUM CASINGHEAD	WATER BBLS	DAYS ON
JAN	95	12594	425	23178	620	31
FEB	85	12679	368	23546	584	28
MAR	43	12722	391	23937	287	31
APR	0	12722	304	24241	0	29
MAY	152	12874	484	24725	856	31
JUN	116	12990	420	25145	487	30
JUL	93	13083	390	25535	518	31
AUG	85	13168	372	25907	476	31
SEP	86	13254	353	26260	501	30
OCT	150	13404	954	27214	436	25
1994	905	13404	4461	27214	4765	

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
OIL LEASE HISTORY Published 11/98
NEW MEXICO OIL SOUTHEAST (#150,015,18S27E30FPKYE)

OPERATOR (#607781)	WELL NAME	WELL #
READ & STEVENS INC	FAIR	000001

LOCATION	STATE	DIST	COUNTY (#015)	LEASE #
30F 18S 27E	NM	002	EDDY	0

API #	FIELD (#8021098)	RESERVOIR
30-015-2407700	DAYTON EAST (YESO) YE	YESO

TOTAL DEPTH	UPPER PERF	LOWER PERF	GAS GATH	LIQ GATH	GAS GRAV	LIQ GRAV	TEMP GRAD
				KOCHO			

COMP DATE	1ST PROD DATE	LAST PROD DATE	STATUS DATE	STATUS
	8206	8408	8410	P&A

CUM THRU LPD OIL/BBLS	OIL CUM SINCE DATE	CUM THRU LPD CSGHD GAS/MCF	CASINGHEAD CUM SINCE DATE
5899	FPDAT	38097	FPDAT

*** ANNUAL PRODUCTION HISTORY ***

YEAR	OIL BBLS	CASINGHEAD GAS/MCF	WATER BBLS
1982	1638	38097	1232
1983	3191	0	1800
1984	1070	0	8404

DWIGHTS ENERGYDATA, INC. RUN DATE: 12/10/98
READ & STEVENS INC Published 11/98
FAIR (#150,015,18S27E30FPKYE)

*** MONTHLY PRODUCTION HISTORY ***

MONTH	OIL BBLS	CUM OIL BBLS	CASINGHEAD GAS/MCF	CUM CASINGHEAD	WATER BBLS	DAYS ON
JUN	35	35	0	0	175	-
JUL	443	478	0	0	1057	-
AUG	0	478	0	0	0	0
SEP	0	478	38097	38097	0	-
OCT	217	695	0	38097	0	-
NOV	455	1150	0	38097	0	-
DEC	488	1638	0	38097	0	-
1982	1638	1638	38097	38097	1232	
JAN	466	2104	0	38097	0	26
FEB	324	2428	0	38097	0	19
MAR	462	2890	0	38097	0	31
APR	192	3082	0	38097	0	18
MAY	369	3451	0	38097	0	30
JUN	250	3701	0	38097	0	-
JUL	231	3932	0	38097	0	31
AUG	212	4144	0	38097	0	31
SEP	187	4331	0	38097	1800	30
OCT	190	4521	0	38097	0	28
NOV	171	4692	0	38097	0	-
DEC	137	4829	0	38097	0	22
1983	3191	4829	0	38097	1800	
JAN	158	4987	0	38097	0	25
FEB	86	5073	0	38097	0	15
MAR	159	5232	0	38097	1860	26
APR	137	5369	0	38097	1800	24
MAY	162	5531	0	38097	1541	31
JUN	131	5662	0	38097	1066	-
JUL	131	5793	0	38097	1066	30
AUG	106	5899	0	38097	836	28
1984	1070	5899	0	38097	8404	