

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

APPLICATION OF MARATHON OIL COMPANY  
FOR SURFACE COMMINGLING  
OFF-LEASE MEASUREMENT AND STORAGE  
EDDY COUNTY, NEW MEXICO

CASE NO. 12135

CERTIFICATE OF MAILING  
AND  
COMPLIANCE WITH ORDER R-8054

STATE OF TEXAS           §  
  §  
COUNTY OF MIDLAND   §

W. Kent Bickham, being first duly sworn, hereby certifies that he is the Attorney for the Applicant and responsible for notification in this matter and that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on March 23, 1999, he caused to be mailed by certified mail, return-receipt requested, the attached notice of this hearing for the above-referenced case, at least twenty days prior to the hearing of this case set for April 15, 1999, to the parties shown in said application and as evidenced by the attached copies of return receipt cards and/or receipts of certified mailing, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.

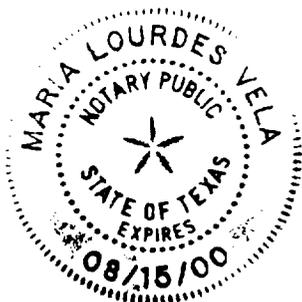
*W. Kent Bickham*

W. KENT BICKHAM

SUBSCRIBED AND SWORN TO BEFORE ME this 12th day of April, 1999, by W. Kent Bickham.

*Maria Lourdes Vela*

Notary Public: Maria Lourdes Vela  
My commission expires: August 15, 2000



BEFORE THE  
OIL CONSERVATION DIVISION  
Case No. 12135 Exhibit No. \_\_\_  
Submitted By:  
*Marathon Oil Company*  
Hearing Date: March 18, 1999

**KELLAHIN AND KELLAHIN**

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

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

W. THOMAS KELLAHIN\*

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

JASON KELLAHIN (RETIRED 1991)

March 25, 1999

TO: NOTICE OF THE HEARING OF THE FOLLOWING  
NEW MEXICO OIL CONSERVATION DIVISION CASE:

*Re: NMOCD Case 12135: Application of Marathon Oil Company for  
surface commingling, off-lease measurement and storage  
Eddy County, New Mexico.*

Marathon Oil Company ("Marathon") has applied to the New Mexico Oil Conservation Division ("Division") to amend its previously approved Division orders which have authorized the surface commingling of production and the off-lease measurement and storage of that production for its Indian Hills Unit Consolidated Facility and Gathering Systems. See attached plat. This facility has the capability to satellite test and lease meter liquids sent to the battery located in Section 19 and the gas sold from the individual leases.

This amendment would allow Marathon to expand its prior approval to include any future well drilled within Sections 20, 21, 28, 29, 32 and 33 of T21S, R24E which produces from the Indian Basin-Upper Pennsylvanian Associated Pool. Also, it would approve the addition of two existing wells to the facility: the Indian Basin Wells No. 3 and No. 2 located in Section 32.

This case has been set for hearing on the Division Examiner's docket now scheduled for April 15, 1999. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

Marathon believes that the proposed amendment will allow it to continue to operate this project in an efficient manner. If you, agree, then there is no need for you to take any action. If you object to the Division approving this application, then you need to follow the following procedure: You have the right to appear at the hearing and participate in this case, including the right to present evidence in opposition to the application. Failure to appear at the hearing may preclude you from any involvement in this case at a later date.

Pursuant to the Division's Memorandum 2-90, you are further notified that if you desire to appear in this case, then you are requested to file a Pre-Hearing Statement with the Division not later than 4:00 PM on Friday, April 9, 1999 with a copy delivered to the undersigned.

Very truly yours,



W. Thomas Kellahin

Is your RETURN ADDRESS completed on the reverse side?

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

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:

Ashmar Oil Company  
C/O John A. Howell  
1250 Humboldt Street, #404  
Denver, Colorado 80218-2450

4a. Article Number  
**Z 137 406 507**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**3-30-99**

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bonnie M. Morrison  
1200 California St., Apt. 17A  
San Francisco, CA 94104-5004

4a. Article Number  
**Z 137 406 481**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**3-27-99**

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mary Ann Chase  
89 Sunnyside Drive  
Athens, Ohio 45701-1921

4a. Article Number  
**Z 137 406 492**

4b. Service Type

Registered  Certified

Express Mail  Insured

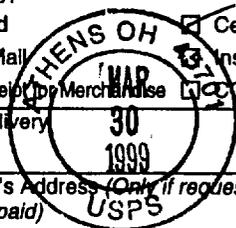
Return Receipt for Merchandise  COD

7. Date of Delivery  
**30 1999**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X** *Mary Ann Chase*

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



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

The Home-Stake Royalty Corporation  
2800 First National Tower  
Tulsa, Oklahoma 74103

4a. Article Number  
**Z 137 406 476**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**MAR 29 1999**

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Claremont Corporation  
P. O. Box 549  
Claremore, Oklahoma 74018-0549

5. Received By: (Print Name)

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

4a. Article Number  
Z 137 406 471

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

7. Date of Delivery  
MAR 29 1999

8. Addressee's Address (Only if requested and fee is paid)  
74017

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles Hinton  
9426 Sanford  
Houston, Texas 77031-2218

5. Received By: (Print Name)  
X Charles Hinton

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

4a. Article Number  
Z 137 406 479

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

7. Date of Delivery  
3/30/99

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

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

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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:

Parker Wilson  
P. O. Box 1297  
Santa Fe, New Mexico 87504-1297

5. Received By: (Print Name)

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

4a. Article Number  
Z 137 406 510

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

7. Date of Delivery  
MAR 25 1999

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

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

Thank you for using Return Receipt Service.

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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:

Joe B. Schutz  
P. O. Box 973  
Santa Fe, New Mexico 87504-0973

5. Received By: (Print Name)  
X *[Signature]*

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

4a. Article Number  
Z 137 406 480

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

7. Date of Delivery  
MAR 27 1999

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

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

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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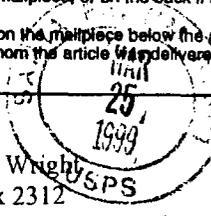
I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Hoover H. Wright  
P. O. Box 2312  
Santa Fe, New Mexico 87504-2312



4a. Article Number  
**Z 137 406 474**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Nolan Brunson, Jr.  
P. O. Box 2390  
Hobbs, New Mexico 88240

4a. Article Number  
**Z 137 406 468**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**3/26**

5. Received By: (Print Name)  
**Donna Thorp**

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

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

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

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

The Home-Stake Oil & Gas Company  
2800 First National Tower  
Tulsa, Oklahoma 74103

4a. Article Number  
**Z 137 406 475**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**MAR 25 1999**

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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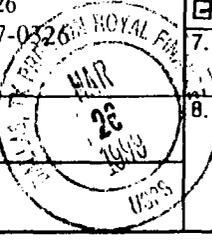
I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Estate Of Howard W. Jennings  
Peggy P. Jennings Executrix  
d.b.a. Jennings Production Company  
P. O. Box 670326  
Dallas, Texas 75367-0326



4a. Article Number  
**Z 137 406 478**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
**T.M. REEVE**

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

6. Signature: (Addressee or Agent)  
**X T.M. Reeve**

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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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:  
 Louis Dreyfus Natural Gas Corp.  
 14000 Quail Springs Parkway, Suite 600  
 Oklahoma City, Oklahoma 73134

4a. Article Number  
 Z 137 406 466

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

7. Date of Delivery  
 3-25

5. Received By: (Print Name)

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

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

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

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

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

Consult postmaster for fee.

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

4a. Article Number  
 Z 137 406 495

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

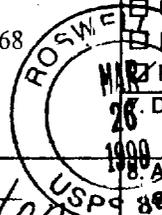
7. Date of Delivery  
 3/26/99

5. Received By: (Print Name)  
 E. Bernard Johnston

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

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

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



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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:  
 Texas Independent Exploration, Inc.  
 1600 Smith, Suite 3800  
 Houston, Texas 77002

4a. Article Number  
 Z 137 406 472

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

7. Date of Delivery  
 3-26-99

5. Received By: (Print Name)

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

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

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
 Hugh Hanagan  
 P. O. Box 329  
 Roswell, New Mexico 88201

4a. Article Number  
 Z 137 406 467

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

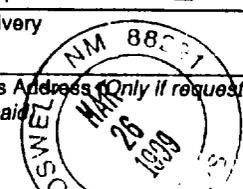
7. Date of Delivery

5. Received By: (Print Name)

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

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

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



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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 DEVON ENERGY CORP.  
 20 N. BROADWAY SUITE 1500  
 OKLAHOMA CITY, OK  
 73102-8260

4a. Article Number  
 Z 100 675 041

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

7. Date of Delivery  
 5-15

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Rimco Partners, L. P. II  
 C/O Rimco Associates, Inc.  
 22 Waterville Road  
 Avon, Connecticut 06001-2066

4a. Article Number  
 Z 137 406 500

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

7. Date of Delivery  
 5-26

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Rimco Partners, L. P. III  
 C/O Rimco Associates, Inc.  
 22 Waterville Road  
 Avon, Connecticut 06001-2066

4a. Article Number  
 Z 137 406 501

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

7. Date of Delivery  
 5-26

5. Received By: (Print Name)

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

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

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Ralph A. Shugart Trust  
 Elizabeth Duncan Special Trustee  
 300 S. Jackson Street, Suite 500  
 Denver, Colorado 80209-3133

4a. Article Number  
 Z 137 406 489

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

7. Date of Delivery  
 3/28/99

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Barbara B. Talento  
3785 Mauna Loa Street  
Brea, California 92823-6328

4a. Article Number  
**Z 137 406 487**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**3/27/99**

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Rimco Partners, L. P. I  
C/O Rimco Associates, Inc.  
22 Waterville Road  
Avon, Connecticut 06001-2066

4a. Article Number  
**Z 137 406 499**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**3-26-99**

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

James P. Murphy  
2817 Stutz Drive  
Midland, Texas 79705-4929

4a. Article Number  
**Z 137 406 483**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**MAR 25 1999**

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Jeffrey D. Landua  
P. O. Box 3101  
Abilene, Texas 79604-3101

4a. Article Number  
**Z 137 406 503**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**3-24-99**

5. Received By: (Print Name)  
**JEFFREY D. LANDUA**

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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:

Dorothy C. Frenzel  
130 Abell Hanger Circle  
Midland, Texas 79707-6140

4a. Article Number  
**Z 137 406 497**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**MAR 25 1999**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*Dorothy C. Frenzel*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Nearburg Exploration Company  
3300 N. A Street, Building 2, Suite 120  
Midland, Texas 79705-5421

4a. Article Number  
**Z 137 406 473**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**3-24-99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*D. Walton*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Elinor M. Chase  
1303 W. Kansas  
Midland, Texas 79701-6036

4a. Article Number  
**Z 137 406 490**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**03-27-99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*Elinor Chase*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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:

Steve Chase  
1303 W. Kansas  
Midland, Texas 79701-6036

4a. Article Number  
**Z 137 406 494**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**03-27-99**

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*Steve Chase*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marjorie F. Chase  
1303 W. Kansas  
Midland, Texas 79701-6036

5. Received By: (Print Name)

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

4a. Article Number  
Z 137 406 491

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

7. Date of Delivery  
03-24-99

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles W. Perry, Jr.  
P. O. Box 371  
Midland, Texas 79702-0371

5. Received By: (Print Name)  
*Charles W. Perry, Jr.*

6. Signature: (Addressee or Agent)  
X *Charles W. Perry, Jr.*

4a. Article Number  
Z 137 406 484

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

7. Date of Delivery  
3-24-99

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Merit Group II Partnership  
P. O. Box 351  
Midland, Texas 79702-0351

5. Received By: (Print Name)  
*Tim Cook*

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

4a. Article Number  
Z 137 406 470

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

7. Date of Delivery  
3-24-99

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sandra Taylor Landua  
2004 Community Lane  
Midland, Texas 79701-4016

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
*Sandra Taylor Landua*

4a. Article Number  
Z 137 406 504

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

7. Date of Delivery  
3-24-99

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

Addressee's Address  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

W. L. Furche  
301 North Colorado Street  
Mid-America Building, Suite 108  
Midland, Texas 79701-4617

4a. Article Number  
**Z 137 406 488**

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

7. Date of Delivery  
**3-24-99**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
**X W. L. Furche**

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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):

Addressee's Address  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

Roswell Museum and Art Center Foundation  
100 West Eleventh Street  
Roswell, New Mexico 88201-4910

4a. Article Number  
**Z 137 406 498**

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

7. Date of Delivery  
**3-25-99**

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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):

Addressee's Address  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

Paul W. Eaton, Jr.  
P. O. Box 12118  
Amarillo, Texas 79101

4a. Article Number  
**Z 137 406 508**

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

7. Date of Delivery  
**3-25-99**

5. Received By: (Print Name)  
**P. Howe**

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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):

Addressee's Address  
 Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

John C. Stanfield  
2314 Maxwell  
Midland, Texas 79705-4910

4a. Article Number  
**Z 137 406 482**

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

7. Date of Delivery  
**MAR 25 1999**

5. Received By: (Print Name)

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
 Betty T. Johnston Marital Trst.  
 2425 Fountainview Drive  
 Apartment 310  
 Houston, TX 77057

4a. Article Number  
 Z 137 406 477

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

7. Date of Delivery  
 3/25/99

5. Received By: (Print Name)  
 SUSAN WIER

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

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, 4a, and 4b.
- 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:  
 Hanagan Properties  
 P. O. Box 1887  
 Santa Fe, New Mexico 87504-1887

4a. Article Number  
 Z 137 406 469

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

7. Date of Delivery  
 MAR 25 1999

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

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
 Richard P. Montoya  
 1425 S. Galisteo  
 Santa Fe, New Mexico 87506-4669

4a. Article Number  
 Z 137 406 486

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

7. Date of Delivery  
 3-25-99

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

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:  
 Wills Royalty, Inc.  
 P. O. Box 1658  
 Carlsbad, New Mexico 88221-1658

4a. Article Number  
 Z 137 406 506

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

7. Date of Delivery  
 MAR 25 1999

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

102595-97-B-0179

Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

New Mexico Oil Corporation  
P. O. Box 1714  
Roswell, New Mexico 88202-1714

4a. Article Number  
**Z 137 406 502**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

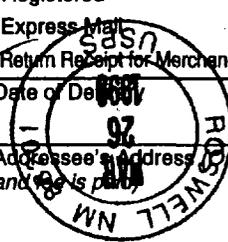
7. Date of Delivery  
**MAR 26 1999**

5. Received By: (Print Name)  
**LOIS MARBACH**

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

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

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



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mary Ellen Johnston  
2715 North Kentucky, #1868  
Roswell, New Mexico 88201-1868

4a. Article Number  
**Z 137 406 496**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

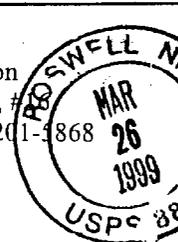
7. Date of Delivery  
**3/26/99**

5. Received By: (Print Name)  
**Mary Ellen Johnston**

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

6. Signature: (Addressee or Agent)  
**X Mary Ellen Johnston**

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



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number  
**Z 137 406 505**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**MAR 25 1999**

5. Received By: (Print Name)  
**Chad Miller**

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

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

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Santa Fe Energy Resources, Inc.  
P. O. Box 911701  
Dallas, TX 75391-1701

4a. Article Number  
**Z 137 406 511**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**MAR 25 1999**

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 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

Sarah Louise Harrington  
2601 Bay Meadows Drive  
Roswell, New Mexico 88201-5204

4a. Article Number

Z 137 406 485

4b. Service Type

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

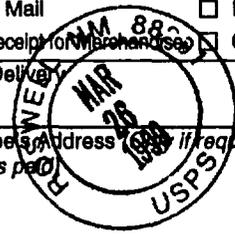
7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*Sarah Harrington*

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



PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.