

BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF GILLESPIE OIL, INC. FOR
UNIT EXPANSION, STATUTORY UNITIZATION,
AND QUALIFICATION OF THE EXPANDED UNIT
AREA FOR THE RECOVERED OIL TAX RATE AND
CERTIFICATION OF A POSITIVE PRODUCTION
RESPONSE PURSUANT TO THE "NEW MEXICO ENHANCED
OIL RECOVERY ACT," LEA COUNTY, NEW MEXICO.

No. 121⁷¹

AFFIDAVIT OF PAUL S. CONNER

STATE OF COLORADO)
)
) ss.
CITY AND COUNTY OF DENVER)

Paul S. Conner, 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.

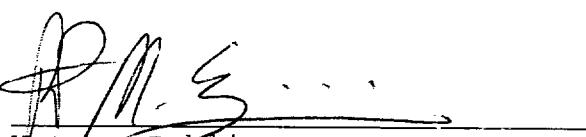
2. I am the president of UnitSource Incorporated, which has been employed by Gillespie Oil, Inc. to notify the interest owners in the unit of the hearing on unit expansion

3. Notice was given to all persons identified in the letter attached hereto as Exhibit A, by certified mail. Copies of the return receipts are attached hereto as Exhibit B.



Paul S. Conner

SUBSCRIBED AND SWORN TO before me this 25th day of May, 1999, by Paul S. Conner.



Notary Public

My Commission Expires:

4-15-2000

NEW MEXICO
OIL CONSERVATION DIVISION

Gillespie Oil EXHIBIT 14

CASE NO. 1211

UnitSource Incorporated

11184 HURON STREET, SUITE 16
DENVER, COLORADO 80234
(303)452-6881 * FAX (303)452-6892
TOLL FREE (800)552-5983

May 7, 1999

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

TO: **LESSEES, LESSORS AND WORKING INTEREST OWNERS
PARTIES TO THE WEST LOVINGTON STRAWN UNIT
AGREEMENT, LEA COUNTY, NEW MEXICO**

Ladies and Gentlemen:

Enclosed is a copy of an application for Expansion of the West Lovington Strawn Unit Area, filed with the New Mexico Oil Conservation Division by Gillespie Oil, Inc., the Unit Operator. This matter is scheduled to be heard at 8:15 a.m. on Thursday, May 27, 1999, at the Division's Offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505 {phone: (505) 827-7132}. Other matters which may be considered include amendments to Section 16 of the West Lovington Strawn Unit Agreement (enclosed) and Article 10.4 of the West Lovington Strawn Unit Operating Agreement.

The Unit Operator's records indicate that you own an interest in the Unit Area, as expanded. As an interest owner in the Unit Area, you have the right to enter an appearance and participate in the hearing. Failure to appear at the hearing will preclude you from contesting this matter at a later date. If you will be appearing at the hearing, you are requested to notify the Attorney for the Unit Operator, Mr. James Bruce, P. O. Box 1056, Santa Fe, New Mexico 87504.

Sincerely,

UNITSOURCE INCORPORATED



Paul S. Conner, CPL

enclosures



"Specializing in Unitization since 1971"

01 CONSERVATION DIV
BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

99 APR -7 AM 11:21

APPLICATION OF GILLESPIE OIL, INC. FOR
UNIT EXPANSION, STATUTORY UNITIZATION,
AND QUALIFICATION OF THE EXPANDED UNIT
AREA FOR THE RECOVERED OIL TAX RATE AND
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RESPONSE PURSUANT TO THE "NEW MEXICO ENHANCED
OIL RECOVERY ACT," LEA COUNTY, NEW MEXICO.

No. _____

APPLICATION

Applicant Gillespie Oil, Inc., formerly known as Gillespie-Crow, Inc., for its application, states:

1. Applicant is engaged in the business of producing and selling oil and gas as defined by the Statutory Unitization Act, NMSA 1978 §§70-7-1 through 21 (1996 Supp.) ("the Act").

2. Applicant is the operator of the West Lovington Strawn Unit ("WLSU"), as expanded, approved by Division Order Nos. R-10449 and R-10864, which statutorily unitized the Strawn formation underlying the following lands located in Lea County, New Mexico:

TOWNSHIP 15 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 28: S $\frac{1}{2}$ SE $\frac{1}{4}$

Section 33: All

Section 34: W $\frac{1}{2}$ and W $\frac{1}{2}$ SE $\frac{1}{4}$

TOWNSHIP 16 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 1: Lots 1 through 8

TOWNSHIP 16 SOUTH, RANGE 36 EAST, N.M.P.M.

Section 6: Lots 3 through 5

Containing 1618.95 acres, more or less.

The vertical limits of the unitized formation are defined in Order No. R-10449, which is incorporated herein by reference.

3. Certain lands outside the unit appear to be in communication with the unitized formation. As a result, Applicant requests that the WLSU be expanded to include the Strawn formation underlying the following lands:

TOWNSHIP 15 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 28: S $\frac{1}{2}$ SW $\frac{1}{4}$

Section 32: E $\frac{1}{2}$ NE $\frac{1}{4}$

Section 34: NE $\frac{1}{4}$ and E $\frac{1}{2}$ SE $\frac{1}{4}$

Section 35: SW $\frac{1}{4}$

TOWNSHIP 16 SOUTH, RANGE 35 EAST, N.M.P.M.

Section 1: Lots 9-12

TOWNSHIP 16 SOUTH, RANGE 36 EAST, N.M.P.M.

Section 5: Lots 3-6

Section 6: Lots 1, 2, and 6-8

Containing 1123.95 acres, more or less.

A map of the proposed expanded unit area, containing 2742.90 acres, more or less, is attached hereto as Exhibit 1. The Strawn formation underlying the expanded unit area has been reasonably defined by development.

4. The WLSU is subject to a natural gas injection pressure maintenance project, authorized by Division Order Nos. R-10448 and R-10864. Said orders also qualified the WLSU pressure maintenance project for the recovered oil tax rate pursuant to the "New Mexico Enhanced Oil Recovery Act" (Laws 1992, Chapter 38, Sections 1 through 5).

5. The plan of unitization for the expanded unit area, modified as described below, is embodied in the Unit Agreement approved by the Division in Order Nos. R-10449 and R-10864, which agreement is incorporated herein by reference. The plan of unitization would be modified by changing Article 13 (Tract Participation) as set forth on Exhibit 2 attached hereto. Such modification would change tract participations to those set forth on Exhibit 3 attached hereto.

6. The operating plan for the expanded unit area, covering the manner in which the expanded unit area will be supervised and managed, and costs allocated and paid, is embodied in the Unit Operating Agreement approved by the Division Order Nos. R-10449 and R-10864, which agreement is incorporated herein by reference.

7. The unitized management, operation, and further development of the Strawn formation underlying the expanded unit area is reasonably necessary in order to effectively carry on pressure maintenance operations and to substantially increase the ultimate recovery of oil and gas therefrom.

8. The existing pressure maintenance operation, as applied to the Strawn formation underlying the expanded unit area, is feasible, will prevent waste, and will result with reasonable probability in the increased recovery of substantially more oil from the Strawn formation than would otherwise be recovered.

9. The estimated additional costs, if any, of conducting unitized operations will not exceed the estimated value of the additional oil recovered thereby, plus a reasonable profit.

10. By Order No. R-10608, as amended, the Division certified a positive production response for the wells within the WLSU. There are two additional wells within the proposed expanded unit area which are entitled to be qualified for the recovered oil tax rate and certified for a positive production response. These wells, and the acreage dedicated thereto, are as follows:

<u>WELL NAME</u>	<u>WELL UNIT</u>
Snyder "EC" Com. No. 1	WLSU Tract 16
Snyder "C" No. 4	WLSU Tract 17

11. The granting of this application is in the interests of conservation and the prevention of waste.

WHEREFORE, applicant requests that, after notice and hearing, the Division enter its order:

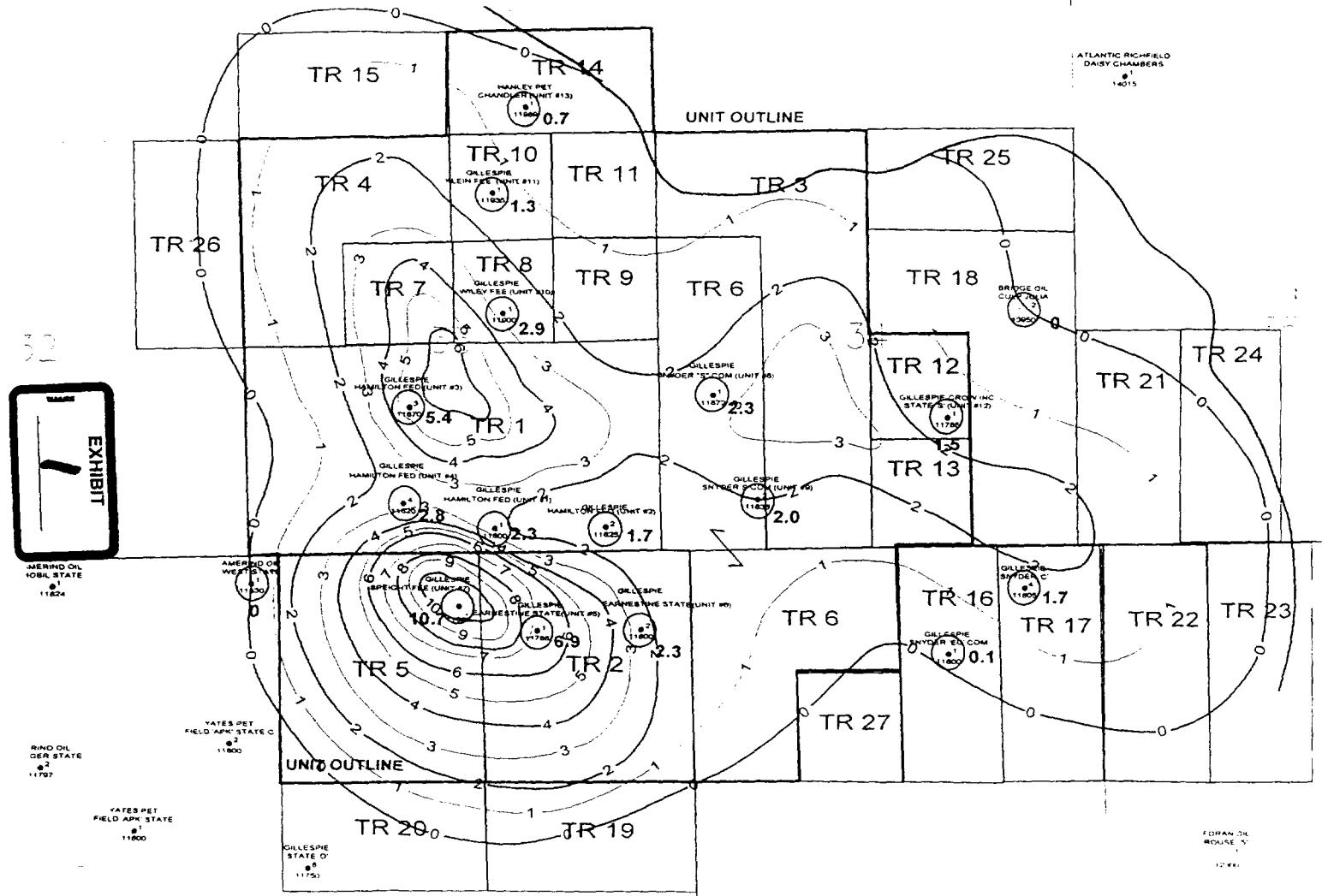
- A. Approving the expansion of the WLSU to include the lands described in ¶3 above;
- B. Statutorily unitizing the expanded unit area;
- C. Approving the tract participations for the expanded unit area as described in ¶5 above;
- D. Approving the WLSU Unit Agreement, as amended, and the WLSU Unit Operating Agreement for the expanded unit area;
- E. Qualifying the expansion area of the WLSU for the recovered oil tax rate and certifying the wells described in ¶10 for a positive production response; and
- F. Granting such further relief as the Division deems proper.

Respectfully submitted,



James Bruce
Post Office Box 1056
Santa Fe, New Mexico 87504
(505) 982-2043

Attorney for Applicant



SECTION 13. TRACT PARTICIPATION (EXPANDED UNIT). The percentages of Tract Participation for each Tract within the Unit Area have been calculated and determined in accordance with the following formulas:

1. October 1, 1995 - October 31, 1997 (Original Unit).

Tract Participations for Tracts 1-11 (the original Unit Area) are those calculated under the Unit Agreement, as approved and amended by Oil Conservation Division Order No. R-10449.

2. November 1, 1997 - March 31, 1999 (First Expansion).

Tract Participations for this period are those approved by Oil Conservation Division Order No. R-10864, as follows:

Tracts 1-11:	95.2797924%
Tract 12:	2.3161519%
Tract 13:	2.1147842%
Tract 14:	0.2892715%

Production allocated to Tracts 1-11 was apportioned among said Tracts in the proportions set forth in Oil Conservation Division Order No. R-10449.

There shall be no retroactive changes in Tract Participations or in allocation of production of Unitized Substances for any period prior to April 1, 1999.

3. Effective April 1, 1999 (Second Expansion).

(a) Tract Participation Percentage = $(80\% \times \text{HPV}) + (20\% \times \text{WF})$, adjusted as described in subparagraph (c) below.

HPV = Hydrocarbon Pore Volume: Determined by volumetric original oil in place in the Unitized Formation under each Tract divided by volumetric original oil in place in the Unitized Formation under the expanded Unit Area.

Original oil in place is calculated from hydrocarbon pore volume using 100% of the density porosity electric log response with a 3% porosity cutoff, with an $R_w = 0.48$.

WF = Wellbore Factor: Determined by (i) the number of wells on a Tract, (ii) multiplied by the maximum average daily producing rate during a consecutive six (6) month producing period divided by the allowable for the West Lovington-Strawn Pool (250 BOPD/well), (iii)

EXHIBIT

2

divided by the cumulative sum of all Well Factors in the Unit Area.

Tracts 1-11 shall have a cumulative Wellbore Factor of 11 assigned thereto.

(b) Tract Participations for Tracts 12-14 shall be calculated under the subparagraph (a) formula for the period commencing April 1, 1999.

(c) After the calculations in subparagraph (a) are made, Tract 14's Tract Participation shall be increased to 3% by means of the other Tracts proportionately contributing a portion of their participation percentages as necessary for Tract 14 to achieve said 3% interest. The collective contribution of Tracts 1-11 shall be 82.3271757% of the amount necessary to increase Tract 14's interest to 3%. The individual contribution of each of Tracts 1-11 shall be in the proportions set forth in Oil Conservation Division Order No. R-10449.

(d) After the foregoing numbers are calculated, Tracts 1-11 shall be allocated 81.1529828% of Unitized Substances produced from the Unit Area, as expanded, which shall be apportioned among said Tracts in the proportions set forth in Oil Conservation Division Order No. R-10449.

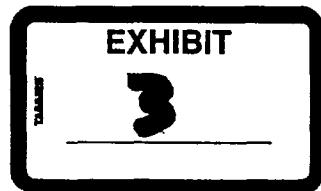
The participations for each Tract in the expanded Unit Area are set forth in Exhibit "C" (Second Revision) attached hereto.

The Tract Participation percentages have been calculated upon the basis of all Tracts within the Unit Area, as expanded, being committed to this Agreement as of the effective date of unit expansion (being April 1, 1999), and such Tract Participations shall govern the allocation of Unitized Substances produced from the Unit Area after April 1, 1999; subject, however, to any revisions of the Unit Area and Exhibit "C" (Second Revision) in accordance with the provisions hereof.

If, subsequent to the effective date of unit expansion, any additional tract becomes committed hereto under the provisions of Section 4 (Expansion), Unit Operator shall revise Exhibits "B" and "C," or the latest revisions thereof, to show the new percentage participations of the then committed tracts, which revised exhibits shall, upon their approval by the Commissioner, Authorized Officer, and Division, supersede, as of their effective date, the last previously effective Exhibits "B" and "C." In any revision of Exhibit "C," the revised percentage participations of the respective tracts listed in the previously effective Exhibit "C" shall remain in the same ratio one to the other.

EXHIBIT "C" (SECOND REVISION)

<u>Tract No:</u>	<u>Tract Participation</u>
1-11	81.1529828%
12	1.9209371%
13	2.1752086%
14	3.0000000%
15	1.3604302%
16	0.9250416%
17	2.8805334%
18	2.8397964%
19	0.5007412%
20	0.2771667%
21	1.1632921%
22	1.0857725%
23	0.1378454%
24	0.2182614%
25	0.1469958%
26	0.1896112%
27	0.0253479%



UNIT AGREEMENT
FOR THE DEVELOPMENT AND OPERATION
OF THE
WEST LOVINGTON STRAWN UNIT
LEA COUNTY, NEW MEXICO

SECTION 16. OUTSIDE SUBSTANCES.

Paragraph 2 (New) : Consistent with Article 11.1 of the Unit Operating Agreement (Basis of Charge to Working interest Owners), Unit Operator shall allocate and pay the proceeds from the production, recovery, and sale of all volumes of gas purchased or acquired and injected into the Unitized Formation for pressure maintenance operations before the effective date of the first expansion of the Unit (the "Initial Injection Volumes") to the Working Interest Owners in the Unit as then constituted, and according to the Unit Participations in effect at the time the costs of acquisition of the Initial Injection Volumes were incurred (per Exhibit "D" attached to the Unit Operating Agreement in effect before November 1, 1997). At such time as 100% of the Initial Injection Volumes has been produced, recovered, and sold, proceeds from the production, recovery, and sale of subsequently acquired and injected gas volumes shall be allocated and paid to the Working Interest Owners in proportion to their Unit Participations (per Exhibit "D" to the Unit Operating Agreement in effect during the pertinent time period) at the time the costs of acquisition of subsequently injected gas volumes were incurred.

"EXHIBIT A"

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS

LEONARD S. ANDERSON, JR.
71-332 SAN GARGONIO ROAD
RANCHO MIRAGE, CA 92270

CLARENCE V. SHELFER
ROUTE 1, BOX 248-A
SAN ANTONIO, TX 78223

CHARLES B. GILLESPIE, JR. (O)
P. O. BOX 8
MIDLAND, TX 79702-0008

CHARLES B. GILLESPIE, JR.
P. O. BOX 8
MIDLAND, TX 79702-0008

ANNIE LAURA STURDIVANT
ROUTE 1, BOX 1219
PINEVILLE, MO 64856

ATTN: LAND DEPARTMENT
TAURUS EXPLORATION U.S.A., INC.,
dba ENERGEN RESOURCES
CORPORATION
2101 SIXTH AVENUE NORTH
BIRMINGHAM, AL 35203

ATTN: LAND DEPARTMENT
TAURUS EXPLORATION U.S.A., INC.,
dba ENERGEN RESOURCES
CORPORATION
2101 SIXTH AVENUE NORTH
BIRMINGHAM, AL 35203

TEDDIE DARRELL SHELFER
4508 SKYLARK WAY
EL PASO, TX 79922

LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY OWNERS

ROY G. BARTON, JR., TRUSTEE
OF THE ROY G. BARTON, SR. &
OPAL BARTON REVOCABLE TRUST
P. O. BOX 978
HOBBS, NM 88241-097

LAND DEPARTMENT
ADIA ENTERPRISES INC.
4209 CARDINAL LANE
MIDLAND, TX 79707

MR. EARL CUNNINGHAM
DISTRICT MANAGER
BUREAU OF LAND MANAGEMENT
P. O. BOX 1397
ROSWELL, NM 88201

JEAN BENSON
816 168TH PLACE NE
BELLEVUE, WA 98008

WILLIAM R. CROW
5007 CANTERBURY DR.
MIDLAND, TX 79705

JUNE DANGLADE SPEIGHT
P. O. DRAWER 1687
LOVINGTON, NM 88206

BETTY LOUISE PIEPER
APARTMENT 1701
5200 BRITTANY DR. SOUTH
ST. PETERSBURG, FL 33715

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
UNLEASED ROYALTY OWNERS

DOROTHY LEE LUSK
P. O. BOX 537
TESUQUE, NM 87574

ROBERT L. BROWN
17 WOODRUFF ROAD
EDISON, NJ 08820-2601

GERALDINE ANDERSON HILL
30357 PALO VERDE DRIVE E.
RANCHO PALO VERDE, CA 90274

MARJORIE SMART, TRUSTEE OF THE
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HEBER SPRINGS, AR 72543

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110 E. 10TH
COLEMAN, TX 76834

JAMES DARRELL SHELFER
665 SHELTON
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REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

JOAN SERMAK
1401 QUAIL CANYON
SAN BERNADINO, CA 92404

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FREWSBURG, NY 14738

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LOIS M. MCLAUGHLIN
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c/o WILLIAM H. THOMPSON
798 HICKORY DRIVE
ROGERS, AR 72756

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44 WILLIAM STREET
LINCOLN PARK, NJ 07035

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LOIS H. STADWICK
ROBERT STADWICK
TODD STADWICK
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HARRISON, MI 48045

PENELOPE LOUISE HOLCOMB
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MARGOT S. M. CHAMBERS
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IRA TOWNSHIP, MI 48023

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DES MOINES, IA 50310-231

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c/o LOIS STADWICK
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c/o LOIS STADWICK
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PORTVILLE, NY 14770

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HOBBS, NM 88241

GRACE STARMER
c/o WILLIAM C. HUNTER
P. O. BOX 1047
HEALDSBURG, CA 95448

ROY G. BARTON, III
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HOUSTON, TX 77257

FIRST INTERSTATE BANK OF
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L. JAY ROOT ROYALTY TRUST
AGREEMENT DATED 4/28/83
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ROSWELL, NM 88202

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OMAHA, NE 68114

ROY G. BARTON, JR., INDIVIDUALLY
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HOBBS, NM 88241

THE GROOMS TRUST uad 12/15/82
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ROSWELL, NM 88202

NORMA J. CHANLEY
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HOBBS, NM 88241

UNITED BANK OF LEA COUNTY,
TRUSTEE FOR CHAD L. & NORMA
B. WILEY
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ROSWELL, NM 88202

VANCE LEE MASON
7487 HARTLEY ROAD
VACACILLE, CA 95688

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LOS OSOS, CA 93402

MARY KATHERINE GARRETT NOBLE
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NORAH BAKER (J/T)
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WILLIAM ROBERT YARNELL
c/o JOAN LOUISE YARNELL RINE
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BILLIE GARRETT LYTHE
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CORTEZ, CO 81321

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TAMPA, FL 33615

WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
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c/o TWILA M. GOODDING TRUSTEE
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FARMINGTON, NM 87401

RUSSELL & ANN PANG
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COSTA MESA, CA 92627

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GLEN ELLEN, CA 95442

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RANDALL CAPPS, dba
XERIC OIL & GAS CORP.
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FAYE L. LIPSETT KLEIN
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OKLAHOMA CITY, OK 73162

WILLIAM R. CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79702

LAND DEPARTMENT
GPC OIL & GAS CORP.
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MIDLAND, TX 79710

ROBERT H. HANNIFIN
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MIDLAND, TX 79702

C. R. & ARLENE ALDERSON
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GRAND ISLAND, NE 68802

DONALD R. CURRY
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FT. WORTH, TX 76102

EVA H. & EPHRAIM G. MATSON
No Address Found

WEST LOVINGTON (STRAWN) UNIT AREA
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS
EXPANSION NO. 1

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MIDLAND, TX 79705

EMILY I. & THOMAS S. PARK
No Address Found

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ERNESTINE GILLESPIE
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SCOTTSDALE, AZ 85267

WINFIELD S. CARSON
No Address Found

ATTN: LAND DEPARTMENT
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dba ENERGEN RESOURCES
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WEST LOVINGTON (STRAWN) UNIT
LEA COUNTY, NEW MEXICO
NON PARTICIPATING ROYALTY
OWNERS

CHARLES B. GILLESPIE, JR.
P. O. BOX 8
MIDLAND, TX 79702-0008

ROY G. BARTON, JR., TRUSTEE OF
THE ROY G. BARTON, SR. & OPAL
BARTON REVOCABLE TRUST
P. O. BOX 978
HOBBS, NM 88240

ATTN: LAND DEPARTMENT
VIERSEN OIL & GAS COMPANY
P. O. BOX 280
OKMULGEE, OK 74447

LAND DEPARTMENT
PARALLEL PETROLEUM CORPORATION
P. O. BOX 10587
MIDLAND, TX 79702

LANIS PALMER
No Address Found

LAND DEPARTMENT
YATES PETROLEUM CORPORATION
ABO PETROLEUM CORPORATION
MYCO INDUSTRIES, INC.
YATES DRILLING COMPANY
105 S. 4TH STREET
ARTESIA, NM 88210

LAND DEPARTMENT
REBEL OIL COMPANY
P. O. BOX 309
HOBBS, NM 88241

SELMA PAULK
No Address Found

LAND DEPARTMENT
LARIO OIL & GAS COMPANY
301 S. MARKET STREET
WICHITA, KS 67202

ATTN: LAND DEPARTMENT
PATHFINDER EXPLORATION
COMPANY
4306 CRESTGATE
MIDLAND, TX 79707

WILLIAM CROW & LISA CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79705

ROGER T. ELLIOTT & HOLLY L.
ELLIOTT
3907 CRESTGATE
MIDLAND, TX 79707

LAND DEPARTMENT
CANNON EXPLORATION CO.
3608 SCR 1184
MIDLAND, TX 79701

LAND DEPARTMENT
HOLLYHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

LAND DEPARTMENT
RIO PECOS CORPORATION
4501 GREENTREE BOULEVARD
MIDLAND, TX 79701

LAND DEPARTMENT
TARA-JON CORPORATION
6003 MEADOW VIEW LANE
MIDLAND, TX 79707

LAND DEPARTMENT
VISA INDUSTRIES OF ARIZONA
9215 NORTH 14TH STREET
PHOENIX, AZ 85020

LAND DEPARTMENT
HANLEY OAD, LTD., II
HANLEY PETROLEUM, INC.
415 W. WALL
MIDLAND, TX 79701

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY
OWNERS
EXPANSION NO. 1

MARVIN E. KRAFT
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WICHITA, KS 67212

CHARLES T. SLACK
1131 MAUS LANE
WICHITA, KS 67212

NATIONSBANK OF TEXAS, N.A.,
TRUSTEE OF THE MARILYN
MAXWELL CHANDLER TRUST
#8436-00
P. O. BOX 830308
DALLAS, TX 77289-0503

LAWRENCE J. SERIGHT
P. O. BOX 5361
MIDLAND, TX 79704

JAMES W. ROGERS
3922 EDGEBROOK CT.
MIDLAND, TX 79707

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
OVERRIDING ROYALTY OWNERS
EXPANSION NO. 1

ATTN: LAND DEPARTMENT
PIONEER NATURAL RESOURCES
USA, INC.
1400 WILLIAMS SQUARE WEST
5205 NORTH O'CONNOR BLVD.
IRVING, TX 75039

BRETT K. BRACKEN
5107 BELAIRE
MIDLAND, TX 79703

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
NON-PARTICIPATING ROYALTY
OWNERS
EXPANSION NO. 1

STANLEY H. FOX
2514 LOCKHEED
MIDLAND, TX 75039

J. HIRAM MOORE, LTD.
310 W. WALL, SUITE 404
MIDLAND, TX 79701

WYLIE G. BASHAM
3317 HAYNES
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
ACORN RESOURCES, INC.
P.O. BOX 9665
TULSA, OK 74157

LAND DEPARTMENT
PARALLEL PETROLEUM CORP.
P. O. BOX 10587
MIDLAND, TX 79702

DONALD S. MULLINS,
c/o SMITH BARNEY, INC.
IRA CUSTODIAN
#216-62697-1-8-791
P.O. BOX 3937
WESTLAKE VILLAGE, CA 91359-9976

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
WORKING INTEREST OWNERS
EXPANSION NO. 2**

CHARLES B. GILLESPIE, JR. (O)
P.O. BOX 8
MIDLAND, TX 79702

ATTN: LAND DEPARTMENT
TAURUS EXPLORATION U.S.A., INC.,
dba ENERGEN RESOURCES
CORPORATION
2101 SIXTH AVENUE NORTH
BIRMINGHAM, AL 35203

ATTN: LAND DEPARTMENT
PERMIAN BASIN LAND ASSOCIATES,
INC.
401 WEST TEXAS, SUITE 917
MIDLAND, TX 79701

ATTN: LAND DEPARTMENT
DAVID ARRINGTON OIL AND GAS, INC.
P.O. BOX 2071
MIDLAND, TX 79702

WILLIAM R. CROW & LISA CROW
5007 CANTERBURY DRIVE
MIDLAND, TX 79705

ATTN: LAND DEPARTMENT
CHESAPEAKE OPERATING, INC.
P.O. BOX 54525
OKLAHOMA CITY, OK 73154-1525

ATTN: LAND DEPARTMENT
ANSON ENERGY COMPANY
P.O. BOX 24060
OKLAHOMA CITY, OK 73124

ATTN: CHUCK MORAN
YATES PETROLEUM CORPORATION
MYCO INDUSTRIES, INC.
JOHN A. YATES
YATES DRILLING COMPANY
S.P. YATES
LOS CHICOS
ABO PETROLEUM CORPORATION
PEYTON YATES
RICHARD YATES
WEED OIL AND GAS
105 SOUTH 4TH STREET
ARTESIA, NM 88210

ATTN: LAND DEPARTMENT
WOOD OIL COMPANY
401 SOUTH BOSTON AVE.
TULSA, OK 74103

ATTN: LAND DEPARTMENT
RAMCO OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

ATTN: LAND DEPARTMENT
PHILWELL, INC.
SUITE 1910
320 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

ROBERT D. SNOW & BILL RAYMOND
SNOW, TRUSTEES OF THE ROBERT D.
SNOW LIVING TRUST UNDER TRUST
DECLARATION OF TRUST DATED
5-27-1993

SUITE 1910
320 SOUTH BOSTON AVENUE
TULSA, OK 74103-4708

ATTN: LAND DEPARTMENT
RB OPERATING COMPANY
SUITE 650
5100 E. SKELLY DRIVE
TULSA, OK 74135

ATTN: LAND DEPARTMENT
VIERSON OIL & GAS COMPANY
P.O. BOX 280
OKMULGEE, OK 74447

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
SUITE 1420
500 WEST TEXAS
MIDLAND, TX 79701

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
301 SOUTH MAIN STREET
WICHITA, KS 67202

ATTN: LAND DEPARTMENT
VISA INDUSTRIES OF ARIZONA
9215 NORTH 14TH STREET
PHOENIX, AZ 85020

ATTN: LAND DEPARTMENT
MARKS AND GARNER PRODUCTION
LIMITED COMPANY
P.O. BOX 70
LOVINGTON, NM 88260

ATTN: LAND DEPARTMENT
HONEYSUCKLE EXPLORATION
No Address Found

ATTN: LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762

MARY FRANCES DOW BYERS
No Address Found

WEST LOVINGTON (STRAWN) UNIT AREA
LEA COUNTY, NEW MEXICO
LEASED BASIC ROYALTY OWNERS EXPANSION NO. 2

ATTN: LAND DEPARTMENT
PERRY & PERRY INC.
P.O. BOX 371
MIDLAND, TX 79702

JAMES L. DOW
P.O. BOX 128
CARLSBAD, NM 88220

STATE OF NEW MEXICO
2040 SOUTH PACHECO
SANTA FE, NM 87505

ATTN: LAND DEPARTMENT
DAVID PETROLEUM CORPORATION
116 WEST FIRST STREET
ROSWELL, NM 88201

BOBBIE ANN DOW LOGAN
P.O. BOX 128
CARLSBAD, NM 88220

MICHAEL MARK ESTLACK
c/o LAYTON J. ESTLACK
1205 CAMINA VEGA
FARMINGTON, NM 87401

ATTN: LAND DEPARTMENT
RESOURCES INVESTMENT COMPANY
No Address Found

JAMES A. GIBBS, dba JEB
ROYALTIES
4925 GREENVILLE AVE.
ONE ENERGY SQUARE
DALLAS, TX 75206

VERA DICKSON & R.S. DICKSON
902 NORTH MAIN, #26
SAN ANGELO, TX 76903

WEST LOVINGTON (STRAWN) UNIT AREA
LEA COUNTY, NEW MEXICO
UNLEASED BASIC ROYALTY OWNERS EXPANSION NO. 2

UNKNOWN HEIRS OF ROSE BOYD
No Address Found

EDWARD G. BOONE
1513 TINSDALE
NASHVILLE, AR 71852

L. RUTH PRITCHARD & JAMES
R. PRITCHARD, SR.
1400 ALAMOGORDO STREET
DEMING, NM 88030

GEORGE W. ESTLACK & RUBY DELL
ESTLACK
P.O. BOX 640
CLARENDON, TX 79226

SUSAN HUGHES
P.O. BOX 1491
TRINITY, TX 75862

PAUL E. POWELL, AIF
FOR E.E. POWELL
4159 STECK AVE. #125
AUSTIN, TX 78759

C.E. BOYD & MARGUERITE BOYD
No Address Found

JANET EVERESE
3209 BRIDLEPATH
AUSTIN, TX 78703

DAVID L. ESTLACK, AIF FOR EUGENE
H. ESTLACK
2002 SURREY DRIVE
ROUND ROCK, TX 78644

ATTN: LAND DEPARTMENT
SNYDER RANCHES, INC.
P.O. BOX 2158
HOBBS, NM 88241

SHIRELY MADELEY
P.O. BOX 248
BALMORHEA, TX 79718

LEE BRIXEY EASTLAKE, AKA
LEE BRIXEY ESTLACK
1701 GRANT STREET
WICHITA FALLS, TX 76309

DONNA ESTLACK HICKS, HEIR OF MARY ATHLYA ESTLACK P.O. BOX 596 CLARENDON, TX 79226	IRA JEAN ESTLACK CHUNN HEIR OF ALFRED D. ESTLACK 5114 CROCKETT AMARILLO, TX 79110	GARY NELSON JOINER 2020 CEDARWOOD BRYAN, TX 77807
ALLEN H. ESTLACK, HEIR OF MARY ATHLYA P.O. BOX 596 CLARENDON, TX 79226	PATRICIA ESTLACK SAMMONS HEIR OF ALFRED D. ESTLACK P.O. BOX 524 PETERSBURG, TX 79520	BARBARA GAIL YOUNG 6719 AVENUE B BELLAIRE, TX 77401
THOMAS W. BOYD HEIR OF ROSE BOYD P.O. BOX 270 LUBBOCK, TX 79414	ALLEN H. ESTLACK HEIR OF ALFRED D. ESTLACK P.O. BOX 596 CLARENDON, TX 79226	J.E. SIMMONS TRUSTS A&B BEULAH H. SIMMONS TRUSTS A&B, NORWEST BANK OF TEXAS, N.A. TRUSTEES c/o TRUST DIVISION P.O. BOX 1241 LUBBOCK, TX 79408-1241
CHARLES W. BOYD HEIR OF ROSE BOYD 6968 S. MADISON WAY LITTLETON, CO 80122	DANA ESTLACK SHEA HEIR OF ALFRED D. ESTLACK 1062 NORTH LINDEN WAHOO, NE 68066	
OPAL N. STOUT HEIR OF ROSE BOYD 1904 AVE. M SNYDER, TX 79549	BARBARA ESTLACK BROCK HEIR OF ALFRED D. ESTLACK P.O. BOX 951 CHESTER, CA 96020	GEORGE ALLEN THOMAS 3601 FM 608 ROSCOE, TX 79545-3219
JERRY D. BOYD HEIR OF ROSE BOYD 2734 MEADOW TREE LANE SPRING, TX 77388	CHESTER A. BEADLE & MARGARET BEADLE 1104 NORTH 8TH STREET CARLSBAD, NM 88220	JACKIE IRENE THOMAS WALTERS 2401 CREEKSIDE CIR. SOUTH IRVING, TX 75063-3356
DOROTHY TEAGUE HEIR OF ROSE BOYD 4712 40TH STREET LUBBOCK, TX 79423	DONNA J. ADAMS & PHILLIP GLENN ADAMS, SR. 14 A. CARLSON ROAD SANTA FE, NM 87505	CLIFFORD G. BURNETT P.O. BOX 508 ROSCOE, TX 79545
NORMA BOYD HEIR OF ROSE BOYD 2121 73RD STREET LUBBOCK, TX 79423	THELMA EVA GORNEY 3808 ALDERWOOD EL PASO, TX 79927	CLYDE PARKS THOMAS No Address Found
JOE BOYD HEIR OF ROSE BOYD P.O. BOX 270 LUBBOCK, TX 79414	JAY NEIL JOINER 5908 GARY DRIVE AUSTIN, TX 78757	ATTN: LAND DEPARTMENT SNYDER RANCHES, INC. P.O. BOX 2158 HOBBS, NM 88241

ROBERT J. BAER
21422 WILLOW DRIVE
KATY, TX 77450-4817

BRADFORD A. CHRISTMAS
BOX 173
WAGON MOUND, NM 88752

JULIA CULP, HARVEY CULP, LEORA
LEE & ZENA RUTH PEARCE
No Address Found

KARL E. BAER REVOCABLE TRUST
8-11-88
3109 EAST 48TH STREET
TULSA, OK 74105-5312

BILL MATHIS & BETTY LOU MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

B.A. CHRISTMAS & ANNIE L. CHRIST
No Address Found

JUNE D. SPEIGHT
P.O. DRAWER 1687
LOVINGTON, NM 88206

JOYCE ANN BROWN SANDERS, JOYCE
CHRISTMAS BROWN
909 NORTH ALAMEDA
LAS CRUCES, NM 88001

S.P. JOHNSON & FRANCES G. JOHNSO
No Address Found

JULIA CULP
P.O. BOX 363
LOVINGTON, NM 88260

SANDRA LEE PONDER BARBEE
2630 77TH STREET
LUBBOCK, TX 79423

DOCIA BAIN BOWMAN
No Address Found

J. EDWARD WOOD, AKA JERRY E.
WOOD
P.O. BOX 760
ROSWELL, NM 88201

WILLIAM G. PONDER
1209 BERKELEY
RICHARDSON, TX 75080

DAVID CHAVEZ, JR. & GENEVIEVE T.
CHAVEZ
No Address Found

MARY RUTH McCRORY & WILLIAM
THOMAS REED, IND. EXECUTORS OF
THE ESTATE OF J.L. REED, DEC.
P.O. BOX 444
LOVINGTON, NM 88260

POWHATAN & EFFIE CARTER
No Adress Found

W.M. CHAMBERS & MATTIE E.
CHAMBERS
No Address Found

ZENA RUTH PEARCE
No Address Found

JOHN NICKSON BEERS
20579 MISSIONARY RIDGE
WALNUT, CA 91789

H. DILLARD SCHENCK & L. KIRBY
SCHENCK
No Address Found

LEORA CULP LEE
P.O. BOX 363
LOVINGTON, NM 88620

JOSEPH RICHARD NICKSON
205 WEST 19TH STREET
NEW YORK, NY 10011

L.H. PUCKETT & LELA W. PUCKETT
No Address Found

NELSON H. JAMES & VIRGINIA H.
JAMES, EUNICE GRAY & WAILES
GRAY
No Address Found

MARTHA NICKSON
P.O. BOX 10352
MIDLAND, TX 79702

W.E. GRISSE & MAGGIE GRISSE
No Address Found

GORDON M. CONE & KATHLENE
CONE

No Address Found

WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
NON-PARTICIPATING ROYALTY
EXPANSION NO. 2

ROBERT M. KEY
P.O. DRAWER 22
SHREVEPORT, LA 71161

MRS. W.L. LEMMONS, ELVA D.
LEMMONS, ELLAS LEMMONS
UNDERWOOD, ZELLA LEMMONS
CALVERLEY

No Address Found

CHARLES R. WIGGINS
P.O. BOX 10862
MIDLAND, TX 79702

ROY F. PEARCE, JR.
No Address Found

R.R. CULBERTSON
No Address Found

ATTN: PHIL FLEETWOOD
TCMAP 1995-C
P.O. BOX 407
MARLOW, OK 73055

LEE FAMILY TRUST DATED 4/13/93
P.O. BOX 363
LOVINGTON, NM 88260

A.E. PETTY & JOSIE PETTY
No Address Found

ATTN: LAND DEPARTMENT
BAYOU BLACK ROYALTY COMPANY,
INC.
1107 HUDSON LANE, SUITE B
MONROE, LA 71201

BILL L. LEE
HC 60 BOX 465
LOVINGTON, NM 88260

DONALD B. HEARD
P.O. BOX 2009
PITTSBURG, PA 15213

WILBUR P. DAVIS
P.O. BOX 1330
EL DORADO, AR 71731

FRED PEARCE
No Address Found

PHILLIP E. CARR
P.O. BOX 13387
SCOTTSDALE, AZ 85267

ATTN: LAND DEPARTMENT
MID CONTINENTAL ENERGY, INC.
SUITE 450
100 WEST 5TH STREET
TULSA, OK 74103-4287

MARY THERESA CHRISTMAS
P.O. BOX 20204
ARLINGTON, TX 76006-1204

THE PROTESTANT EPISCOPAL
CHURCH FOUNDATION
OF THE DIOCESE OF OKLAHOMA
924 NORTH ROBINSON
OKLAHOMA CITY, OK 73102

W.K. GRIFFIN, JR., TRUSTEE OF THE
W.K. GRIFFIN, JR. CHILDREN'S
IRREVOCABLE TRUST
P.O. BOX 12274
JACKSON, MS 39236

CANDY CHRISTMAS ALEWINER
P.O. BOX 64278
LUBBOCK, TX 79464

ARLINE P. SCHREIBER
5622 SHERATON OAKS
HOUSTON, TX 77091

BARRON J. O'NEAL
SUITE 204
2210 LINE AVE
SHREVEPORT, LA 87104

HELEN JANE CHRISTMAS, TRUSTEE
OF THE HELEN JANE CHRISTMAS
BARBY TRUST UNDER AGREEMENT
DATED 2-14-92
P.O. BOX 425
OKARCHE, OK 79762

DONALD F. DUNCAN
c/o PHIL FLEETWOOD
P.O. BOX 407
MARLOW, OK 73055

STEPHEN NELSON JAMES
No Address Found

HUNTER WOLFLIN PUCKETT
2116 ONG
AMARILLO, TX 79109

BEVERLY T. CARTER, TRUSTEE OF
THE POWHATTAN AND BEVERLY
T. CARTER REVOCABLE TRUST
UNDER TRUST AGREEMENT DATED
9/25/81
P.O. BOX 328
FORT SUMMER, NM 88119

MIKE FIELD
2112 INDIANA
LUBBOCK, TX 79408

JOSEPH SHELBY PUCKETT
15 ALPINE COURT
BELLAIRE, TX 77401

DAN FIELD
P.O. BOX 1105
LOVINGTON, NM 88260

BRENDA BERRY
498 HUDSON #3
NEW YORK, NY 10014

THE TRUSTEES OF THE CHARLES
AND BEVERLY OVERTON REVOCABL
TRUST UNDER TRUST AGREEMENT
12/15/93
P.O. BOX 32
YESO, NM 88136

PJC LIMITED PARTNERSHIP
1409 SOUTH SUNSET
ROSWELL, NM 88201

KYLE KENNETH BERRY
#8 EDGEWATER COVE
MAUMELLE, AR 72113

S.P. JOHNSON III AND BARBARA JO
JOHNSON, TRUSTEES OF THE S.P.
JOHNSON, II AND BARBARA JO
JOHNSON REVOCABLE TRUST UNDER
TRUST AGREEMENT DATED 1/24/85
P.O. BOX 1641
ROSWELL, NM 88202

NANCY DAWKINS
P.O. BOX 7
STORY BROOK, NY 11790

POWHATTAN CARTER, III
No Address Found

RITA D. SCHENCK, KLEIN BANK,
SPRING TEXAS, AND WILLIAM CARL
SCHENCK, CO-TRUSTEES UNDER
KIRBY D. SCHENCK AND RITA D.
SCHENCK REVOCABLE TRUST
AGREEMENT DATED 10/2/91
P.O. BOX 1627
LOVINGTON, NM 88260

LELA DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

ANDERSON CARTER
P.O. BOX 998
LAS CRUCES, NM 88004

PATTILOU PUCKETT DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109

DEVON ENERGY CORPORATION
(NEVADA)
SUITE 1500
20 NORTH BROADWAY
OKLAHOMA CITY, OK 73102

ANDERSON CARTER, FOR LIFE,
REMAINDER TO HIS ISSUE
P.O. BOX 998
LAS CRUCES, NM 88004

FIRST NATIONAL BANK AND TRUST
COMPANY OF OKLAHOMA CITY,
TRUSTEE UNDER TRUST AGREEMENT
DATED 12/8/66 FOR THE GRISSE
FAMILY TRUST
P.O. BOX 25189
LAS CRUCES, NM 88004

CATHIE CONE McCOWN
P.O. BOX 658
DRIPPING SPRINGS, TX 78620

ATTN: LAND DEPARTMENT
McMILLIAM PRODUCTION CO., INC.
118 WEST 1ST STREET
ROSWELL, NM 88201

BILLY W. ROBINSON
1123 NORTH GILA
HOBBS, NM 88240

**WEST LOVINGTON (STRAWN) UNIT
AREA
LEA COUNTY, NEW MEXICO
OVERRIDING ROYALTY OWNERS
EXPANSION NO. 2**

LEECO ENERGY & INVESTMENTS,
INC.
SUITE 1420
400 WEST ILLINOIS
MIDLAND, TX 79701

ERNESTINE W. GILLESPIE
P.O. BOX 13387
SCOTTSDALE, AZ 85267

HARRY J. SCHAFER, JR. TRUSTEE OF
THE MARY E. GRISSE TRUST NO. 1
UNDER TRUST AGREEMENT DATED
8/28/79
P.O. BOX 14700
OKLAHOMA CITY, OK 73113

KITTIE D. LEMMONS
No Address Found

GEORGE D. ZIMMERMAN & PATRICIA
C. ZIMMERMAN
3808 STANOLIND
MIDLAND, TX 79707

JOE MELANIE CALVERLY
No Address Found

ERNEST L. MARKS
P.O. BOX 1234
LOVINGTON, NM 88260-1234

MARILYN CONE, TRUSTEE FOR THE
C.D. TRUST
P.O. BOX 64244
LUBBOCK, TX 79464

THEORA CALVERLY, AKA ZELLA
THEORA CALVERLY, DEC., NORMA
JEAN HESTER, IND. EXEC. NORMA
JEAN HESTER, IN FEE
P.O. BOX 38
GARDEN CITY, TX 79739

JAMES H. GARNER
P.O. BOX 841
LOVINGTON, NM 88260-0841

CLIFFORD CONE
P.O. BOX 1629
LOVINGTON, NM 88260-1629

ATTN: LAND DEPARTMENT
BTA OIL PRODUCERS
104 SOUTH PECOS
MIDLAND, TX 79701

TOM R. CONE
P.O. BOX 778
JAY, OK 74346

OLIVE D. FIX
No Address Found

ATTN: LAND DEPARTMENT
RIO PECOS CORPORATION
4501 GREEN TREE BLVD.
MIDLAND, TX 79707-1607

KENNETH G. CONE
P.O. BOX 11310
MIDLAND, TX 79702

SAMERY ELLA UNDERWOOD
No Address Found

ATTN: LAND DEPARTMENT
PATHFINDER EXPLORATION
COMPANY
4306 CRESTGATE
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
CANNON EXPLORATION COMPANY
3608 SCR 1184
MIDLAND,T X 79701

ATTN: LAND DEPARTMENT
HOLLYHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

ATTN: LAND DEPARTMENT
TARA-JON CORPORATION
6003 MEADOW VIEW LANE
MIDLAND, TX 79707

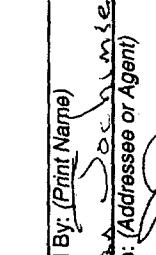
BILL MATHIS & BETTY LOU
MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

OLSER C. HUTSON
No Address Found

RICHARD F. SPENCER
No Address Found

EDWEL B. NEFF, JR.
403 TIERRA BERRENDA
ROSWELL, NM 88201

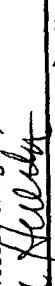
"EXHIBIT B"

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4c, 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. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	
Is your RETURN ADDRESS... ...ed on the reverse side? _____	
I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LAND DEPARTMENT ADIA ENTERPRISES INC. 4209 CARDINAL LANE MIDLAND, TX 79707	
4a. Article Number Z-224-509.560	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery 5-11-93	
8. Addressee's Address (Only if requested and fee is paid) S.A. S. & Company	
5. Received By: (Print Name) S.A. S. & Company	
6. Signature: (Addressee or Agent) 	
PS Form 3811, December 1994	
 Domestic Return Receipt	

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS printed on the reverse side?

SENDER:	
<ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4b, and 4c. ■ 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: MARY KATHERINE GARRETT NOBLE 613 PASEO DEL MAR NE ALBUQUERQUE, NM 87123	
4a. Article Number: Z-224-509-564	
4b. Service Type	
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery: 5-10-99	
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) 23728 LJD 5/10/99	
6. Signature: (Addressee or Agent) 	
2. Domestic Return Receipt Form 3811, December 1994	
SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	
3. Article Addressed to: UNITED BANK OF LEA COUNTY, TRUSTEE FOR CHAD L. & NORMA B. WILEY P. O. BOX 2468 ROSWELL, NM 88202	
4a. Article Number: Z-224-509-564	
4b. Service Type	
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery: Z-224-509-564 	
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) 	
6. Signature (Addressee or Agent) 	
PS Form 3811, December 1994	

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.

Isd on the reverse side?

3. Article Addressed to:

Z-224-509-571

4a. Article Number	Z-224-509-571
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> COD
5. Received By: (Print Name)	U.S. AIR MAIL
6. Signature: (Addressee or Agent)	X <i>W.H. Thompson</i>
7. Date of Delivery	13-10-98
8. Addressee's Address (Only if requested and fee is paid)	W.H. Thompson 798 HICKORY DRIVE ROGERS, AR 72756

5. Received By: (Print Name)	U.S. AIR MAIL
6. Signature: (Addressee or Agent)	X <i>W.H. Thompson</i>
7. Date of Delivery	13-10-98
8. Addressee's Address (Only if requested and fee is paid)	W.H. Thompson 798 HICKORY DRIVE ROGERS, AR 72756

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

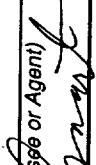
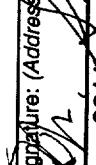
<p align="center">THANK YOU FOR USING RETURN RECEIPT SERVICE.</p>	
<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. <p>3. Article Addressed to:</p>	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>
<p>4a. Article Number</p> <p align="center">Z-224-509-573</p>	
<p>4b. Service Type</p> <p align="center"> <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD </p>	
<p>5. Received By: (Print Name)</p> <p align="center">JANE BOWERS STONEMAN</p> <p align="center">525 E. CHERRY LYNN ROAD PHOENIX, AZ 85012</p>	
<p>6. Signature: (Addressee or Agent)</p> <p align="center">X Jane Bowers Stoneman</p>	
<p>7. Date of Delivery</p> <p align="center">5-1-1-579</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p align="right">PS Form 3811, December 1994</p>	
<p align="right">1025856-B-0179 Domestic Return Receipt</p>	

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
Article Addressed to: EFFIE SHELFER 110 E. 10TH COLEMAN, TX 76834		4a. Article Number <u>Z-224-509-575</u> 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery <u>May 14 1999</u>	
		8. Addressee's Address (Only if service and fee is paid) <u>TSCW, Box 3811, December 1994</u>	
		5. Received By: (Print Name) <u>X Effie Shelfer</u>	
		6. Signature: (Addressee or Agent) <u>X Effie Shelfer</u>	
Is your RETURN <u>PS Form 3811, December 1994</u>			

<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. 	<p>4a. Article Number Z-224-509-574</p> <p>4b. Service Type</p> <p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> COD</p>	<p>7. Date of Delivery MAY 13 1999</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>AMES DARRELL SHELTER 65 SHELTON BILENE, TX 79603</p> <p>5. Received By: (Print Name) Sharon D. Shelter</p> <p>6. Signature (Addressee or Agent) X/ Sharon D. Shelter</p>
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SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for info.</p>
4a. Article Number Z-224-509-576	
4b. Service Type	
<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery 2-11-99	
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) X - Mr. Joe J. Bell	
6. Signature: (Addressee or Agent) X - Mr. Joe J. Bell	
PS Form 3811, December 1994	
102565-97-B-0179 Domestic Return Receipt	

<p align="center">SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. <p>3. Article Addressed to:</p> <p align="center">TEDDIE DARRELL SHELFER 4508 SKYLARK WAY EL PASO, TX 79922</p>		<p align="right">Is your RETURN ADDRESS on the reverse side? Check one</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p> <p>4a. Article Number Z-224-509-581</p> <p>4b. Service Type</p> <p align="center"><input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 5/10/96</p> <p>8. Addressee's Address (Only if requested and fee is paid) <i>Same</i></p> <p>5. Received By: (Print Name) <i>John Sheaffer</i></p> <p>6. Signature: (Addressee or Agent) <i>John Sheaffer X</i></p> <p align="right">PS Form 3811, December 1994</p>	
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SENDER:	<ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this card to you. ■ Attach this form to the front of the mailpiece, or on its permit. ■ Write "Return Receipt Requested" on the mailpiece. ■ The Return Receipt will show to whom the article was delivered.
3. Article Addressed to:	<p>MARJORIE SMART, TRUSTEE OF T MARJORIE C. SMART REVOCABU TRUST DATED 5/19/90 1238 PALISADE CIR. HEBER SPRINGS, AR 72543</p>
4. Signature:	
5. Received By: (Print Name)	
6. Signature: (Addressee or Agent)	
PS Form 3811, December 1994	

SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete Items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	<p>Print on the reverse side?</p> <p>Is your RETURN ADDRESS red on the reverse side?</p> <p>red on the reverse side?</p> <p>TS-11000 Domestic Return Receipt PS Form 3811, December 1994</p>	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p> <p>4a. Article Number Z-224-509-584</p> <p>4b. Services Required <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Dark Mail Delivery <input type="checkbox"/> Insured <input type="checkbox"/> COD </p> <p>5-12-66 O</p> <p>8. Addressee's Address (Only if requested and available)</p>
		<p>5. Received By: (Print Name) <i>J. S. Jones</i></p> <p>6. Signature: (Addressee or Agent) <i>J. S. Jones</i></p>

ENDER: 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): <ul style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult Postmaster for fee.
3. Article Addressed to: LNNIE LAURA STURDIVANT ROUTE 1, BOX 1219 INEVILLE, MO 64856	
4a. Article Number 224-509-582	
4b. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 	
7. Date of Delivery 5-11-92 C8	
8. Addressee's Address (Only if requested and fee is paid)	
Received By: <i>[Signature]</i> Signature: <i>[Signature]</i>	

<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p>DOROTHY LEE LUSK P. O. BOX 537 TESUQUE, NM 87574</p>	
<p>4a. Article Number <u>Z-224-509-585</u></p>	
<p>4b. Service Type</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>7. Date of Delivery</p>	
<p>5. Received By: (Print Name) <u>E. W. MITT</u></p>	
<p>6. Signature: (Addressee or Agent) <u>X - Bell</u></p>	
<p>Is your RETURN RECEIPT REQUESTED?</p>	
<p>PS Form 3811, December 1994</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	

1

on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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:

JUNE DANGLEADE SPEIGHT

P. O. DRAWER 1687
LOVINGTON, NM 88206

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

Z . 224 . 509 . 58

4b. Service Type

- Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

C 16 05 94

J. Dangleade Speight
Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994 220 102595-97-B-0179 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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:

LESTER F. COLBY

4619 FILMORE STREET
HOLLYWOOD, FL 33021

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

W. 32525 124

4b. Service Type

- Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

MAY 11 94

Received By: (Print Name)

X

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994 220 102595-98-B-0229 Domestic Return Receipt

1

on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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:

DOROTHY C. FELTZ

5 GATES STREET
CRYSTAL LAKE, IL 60014

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327525125

4b. Service Type

- Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

W MAY 15 94

Received By: (Print Name)

X

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994 220 102595-98-B-0229 Domestic Return Receipt

Is your RETURN

eted on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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:

LEONARD S. ANDERSON, JR.

71-332 SAN GARGONIO ROAD
RANCHO MIRAGE, CA 92270

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 . 224 . 509 . 587

4b. Service Type

- Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

S 11 199

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 220 102595-8-0179 Domestic Return Receipt

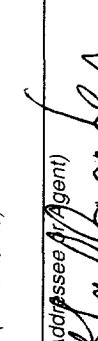
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Is your RETURN</div

<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete Items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. <p>3. Article Addressed to:</p> <p>FRANCIS J. MOYNIHAN, JR. 135 OLD WARREN RD, RE2 FREWSBURG, NY 14738</p>	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>
<p>4a. Article Number</p> <p><u>7 327 525127</u></p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>7. Date of Delivery</p> <p><u>5-10-95</u></p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p> <p><u>135 Old Warren Rd</u></p>	
<p>5. Received By: (Print Name) <u>Francis J. Moynihan Jr.</u></p>	
<p>6. Signature: (Addressee or Agent) <u>X</u></p>	

RETURN ADDRESS completed on the reverse side?

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.	3. Article Addressed to: BARBARA M. GALLAGHER 44 WILLIAM STREET LINCOLN PARK, NJ 07035	4a. Article Number 7327525124	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> COD	5. Received By: (Print Name) W. COV. 200	6. Signature: (Addressee / Agent) 	7. Date of Delivery 5/13/99	8. Addressee's Address (Only if requested and fee is paid) 3811, December 1999
UPS Form 3811, December 1999 95-98-B-0229 Domestic Return Receipt							

Is your RETURN ADDRESS completed on the reverse side?

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.	3. Article Addressed to: BARBARA M. GALLAGHER 44 WILLIAM STREET LINCOLN PARK, NJ 07035	4a. Article Number 7327525124	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	5. Received By: (Print Name) W. COV. 200	6. Signature: (Addressee / Agent) 	7. Date of Delivery 5/13/89	8. Addressee's Address (Only if requested and fee is paid) 3811, December 1994
UPS Form 3811, December 1994 95-98-B-0229 Domestic Return Receipt							

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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return 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: BARBARA M. GALLAGHER 44 WILLIAM STREET LINCOLN PARK, NJ 07035	4a. Article Number 7327525124	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	5. Received By: (Print Name) W. COV. 200	6. Signature: (Addressee / Agent) 	7. Date of Delivery 5/13/89	8. Addressee's Address (Only if requested and fee is paid) 3811, December 1994
UPS Form 3811, December 1994 95-98-B-0229 Domestic Return Receipt							

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UPS Form 3811, December 1994 95-98-B-0229 Domestic Return Receipt							

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UPS Form 3811, December 1994 95-98-B-0229 Domestic Return Receipt							

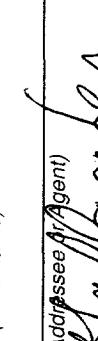
Is your RETURN ADDRESS completed on the reverse side?

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.	3. Article Addressed to: BARBARA M. GALLAGHER 44 WILLIAM STREET LINCOLN PARK, NJ 07035	4a. Article Number 7327525124	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	5. Received By: (Print Name) XOJ of a Mailbox her	6. Signature: (Addressee / Agent) W. COV. 200	7. Date of Delivery 5/13/89	8. Addressee's Address (Only if requested and fee is paid) 105-98-B-0229
Domestic Return Receipt							

Is your RETURN ADDRESS completed on the reverse side?

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.	3. Article Addressed to: BARBARA M. GALLAGHER 44 WILLIAM STREET LINCOLN PARK, NJ 07035	4a. Article Number 7327525124	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> COD	5. Received By: (Print Name) W. COV. 200	6. Signature: (Addressee / Agent) 	7. Date of Delivery 5/13/99	8. Addressee's Address (Only if requested and fee is paid) 3811, December 1999
UPS Form 3811, December 1999 95-98-B-0229 Domestic Return Receipt							

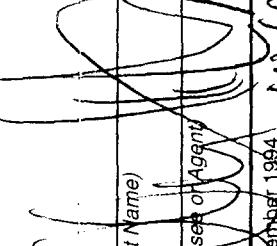
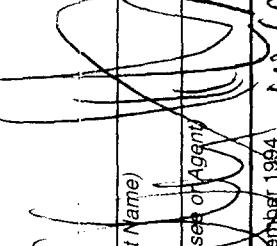
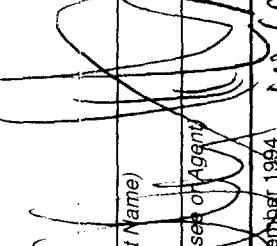
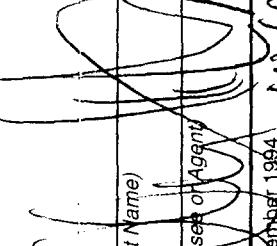
Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

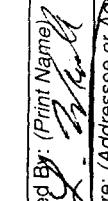
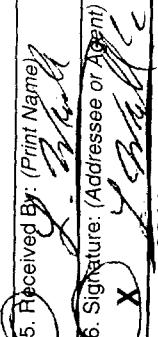
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.	3. Article Addressed to: BARBARA M. GALLAGHER 44 WILLIAM STREET LINCOLN PARK, NJ 07035	4a. Article Number 7327525124	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	5. Received By: (Print Name) W. COV. 200	6. Signature: (Addressee / Agent) 	7. Date of Delivery 5/13/89	8. Addressee's Address (Only if requested and fee is paid) 3811, December 1994
UPS Form 3811, December 1994 95-98-B-0229 Domestic Return Receipt							

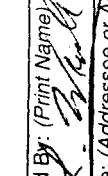
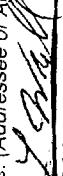
Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

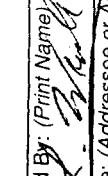
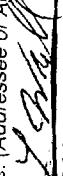
SENDER:		Is your RETURN ADDRESS completed on the reverse side?	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult postmaster for fee. 	
3. Article Addressed to: KELLY H. BAXTER P. O. BOX 1649 AUSTIN, TX 78767		4a. Article Number 2327525288 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
7. Date of Delivery MAY 12 1994		5. Received By: (Print Name) W. COV. 6. Signature: (Addressee or Agent) 	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811 , December 1994 W. COV. 2327525288 Domestic Return Receipt	
		<p>Thank you for using Return Receipt Service.</p>	
		<p>Is your RETURN ADDRESS completed on the reverse side?</p>	
SENDER:		Is your RETURN ADDRESS completed on the reverse side?	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult postmaster for fee. 	
3. Article Addressed to: HENRY W. LAWTON P. O. BOX 161 PORTVILLE, NY 14770		4a. Article Number 2327525289 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
7. Date of Delivery JUN 12 1994		5. Received By: (Print Name) HENRY W. LAWTON 6. Signature: (Addressee or Agent) 	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811 , December 1994 HENRY W. LAWTON 2327525289 Domestic Return Receipt	
		<p>Thank you for using Return Receipt Service.</p>	
		<p>Is your RETURN ADDRESS completed on the reverse side?</p>	
SENDER:		Is your RETURN ADDRESS completed on the reverse side?	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult postmaster for fee. 	
3. Article Addressed to: JOAN SERMAK 1401 QUAIL CANYON SAN BERNADINO, CA 92404		4a. Article Number 2327525290 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
7. Date of Delivery SUM 11 1994		5. Received By: (Print Name) JOAN SERMAK 6. Signature: (Addressee or Agent) 	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811 , December 1994 JOAN SERMAK 2327525290 Domestic Return Receipt	
		<p>Thank you for using Return Receipt Service.</p>	
		<p>Is your RETURN ADDRESS completed on the reverse side?</p>	
SENDER:		Is your RETURN ADDRESS completed on the reverse side?	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult postmaster for fee. 	
3. Article Addressed to: NANCY O'CONNOR 10756 MAIN ST. #201 FAIRFAX, VA 22030		4a. Article Number 2327525291 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
7. Date of Delivery JUL 4 1994		5. Received By: (Print Name) NANCY O'CONNOR 6. Signature: (Addressee or Agent) 	
8. Addressee's Address (Only if requested and fee is paid)		PS Form 3811 , December 1994 NANCY O'CONNOR 2327525291 Domestic Return Receipt	
		<p>Thank you for using Return Receipt Service.</p>	
		<p>Is your RETURN ADDRESS completed on the reverse side?</p>	

SENDER: Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LEWIS E. MC LAUGHLIN LOIS M. MC LAUGHLIN 20110 MELOS COURT PORT CHARLOTTE, FL 33954		4a. Article Number <u>227525292</u>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)
			5. Received By: (Print Name)  X
			6. Signature of Addressee or Agent  X
PS Form 3811, December 1997 2025-598-B-0229 Domestic Return Receipt			

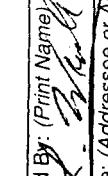
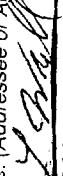
SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for further information.</p>	
		4a. Article Number <u>2327525294</u>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery <u>5-10-99</u>	8. Addressee's Address (Only if requested and fee is paid)
		5. Received By: (Print Name) 	6. Signature: (Addressee or Agent) 

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CHERIE WEICHEL 6943 MELDRUM IRA TOWNSHIP, MI 48023		4a. Article Number 2327525244	4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		5. Received By: (Print Name) 	6. Signature: (Addressee or Agent) 
		7. Date of Delivery 5-10-99	
		8. Addressee's Address (Only if requested and fee is paid)	

SENDER: Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: LEWIS E. MC LAUGHLIN LOIS M. MC LAUGHLIN 20110 MELOS COURT PORT CHARLOTTE, FL 33954		4a. Article Number <u>227525292</u>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery
5. Received By: (Print Name) X		8. Addressee's Address (Only if requested and fee is paid) W. LEO. 2100	
6. Signature of Addressee or Agent 			
PS Form 3811, December 1991 FIM 5-98-B-0229 Domestic Return Receipt			

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CHERIE WEICHEL 6943 MELDRUM IRA TOWNSHIP, MI 48023		4a. Article Number <u>2327525244</u> 4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery <u>5-10-99</u>	
		8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) 		6. Signature: (Addressee or Agent) 	

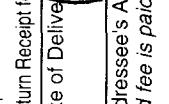
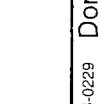
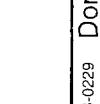
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3. Article Addressed to: LEWIS E. MC LAUGHLIN LOIS M. MC LAUGHLIN 20110 MELOS COURT PORT CHARLOTTE, FL 33954		4a. Article Number <u>227525292</u>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		7. Date of Delivery	8. Addressee's Address (Only if requested and fee is paid)
			5. Received By: (Print Name)  X
			6. Signature of Addressee or Agent  X
PS Form 3811, December 1997 2025-598-B-0229 Domestic Return Receipt			

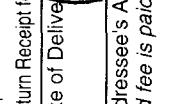
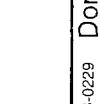
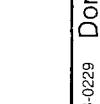
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3. Article Addressed to: CHERIE WEICHEL 6943 MELDRUM IRA TOWNSHIP, MI 48023		4a. Article Number <u>2327525244</u> 4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery <u>5-10-99</u>	
		8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) 		6. Signature: (Addressee or Agent) 	

Thank you for using Return Receipt Service

<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. <p>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p>■ Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p>■ The Return Receipt will show to whom the article was delivered and the date delivered.</p>	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>	<p>4a. Article Number 2327525 296</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 5-12-99</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>5. Received By: (Print Name) Z. Stadwick</p> <p>6. Signature: (Addressee or Agent) Z. Stadwick</p>
		<p>PS Form 3811, December 1994 102555750229</p>
<p>Domestic Return Receipt</p>		

SENDER: Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: KEITH STADWICK LOIS STADWICK 199904 SHORELINE DRIVE HARRISON, MI 48045		4a. Article Number 2327525297	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		7. Date of Delivery 5-12-99	8. Addressee's Address (Only if requested and fee is paid)
		5. Received By: (Print Name) X J. Stadwick	6. Signature: (Addressee or Agent) X J. Stadwick
PS Form 3811, December 1994 (1) - (d) 2 2005-98-B-0229 Domestic Return Receipt			

SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. 	
3. Article Addressed to: GRACE STARMER c/o WILLIAM C. HUNTER P. O. BOX 1047 HEALDSBURG, CA 95448		4a. Article Number 2327 525301 4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 11-11-98	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) X		5. Received By: (Print Name) LORIEN MASON 6. Signature: (Addressee or Agent) 	
PS Form 3811 , December 1994		PS Form 3811 , December 1994	
		4a. Article Number 2327 525301 4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 11-11-98	
		8. Addressee's Address (Only if requested and fee is paid)	
		5. Received By: (Print Name)  6. Signature: (Addressee or Agent) X	
		PS Form 3811 , December 1994	

SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. 	
3. Article Addressed to: THE GROOMS TRUST P. O. BOX 2328 ROSWELL, NM 88202		4a. Article Number 2327 525303 4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 11-11-98	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) X		5. Received By: (Print Name)  6. Signature: (Addressee or Agent) X	
PS Form 3811 , December 1994		PS Form 3811 , December 1994	
		4a. Article Number 2327 525303 4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 11-11-98	
		8. Addressee's Address (Only if requested and fee is paid)	
		5. Received By: (Print Name)  6. Signature: (Addressee or Agent) X	
		PS Form 3811 , December 1994	

Is your RETURN ADDRESS completed on the reverse side?		Is your RETURN ADDRESS completed on the reverse side?	
<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>RECIPIENT:</p> <ul style="list-style-type: none"> ■ I also wish to receive the following services (for an extra fee): <ul style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery ■ Consult postmaster for fee. 	
<p>3. Article Addressed to:</p> <p>DOROTHY FULLER LUNDEEN 4304 HARBOR HOUSE DR. TAMPA, FL 33615</p>		<p>4a. Article Number 2327525306</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 5-13-97</p> <p>5. Received By: (Print Name)</p> <p>X Dorothy F. Lundeen</p> <p>6. Signature (Addressee or Agent) <i>Dorothy F. Lundeen</i></p> <p>PS Form 3811, December 1994 W.COV.2000/98-B-0229 Domestic Return Receipt</p>	
<p>7. Mailing Addressed to:</p> <p>KUSSSELL & ANN PANG 1831 ORANGE AVENUE COSTA MESA, CA 92627</p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>2327525307</p> <p>4a. Article Number 2327525307</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 5-13-97</p> <p>5. Received By: (Print Name)</p> <p>X C. Kusssell</p> <p>6. Signature (Addressee or Agent) <i>C. Kusssell</i></p> <p>PS Form 3811, December 1994 W.COV.2000/98-B-0229 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service

SENDER:	
<ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Print your name and address on the reverse side 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:	<p>HEIDI C. BARTON 502 E. YESO HOBBS, NM 88240</p>
4a. Article Number	<u>2327525308</u>
4b. Service Type	<p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p>
7. Date of Delivery	<u>1-14-98</u>
8. Addressee's Address (Only if requested and fee is paid)	<p>C. L. Barton</p> <p><i>[Signature]</i></p> <p>6. Signature: Addressee or Agent</p>
5. Received By: (Print Name)	
<p>PS Form 3811, December 1994 G. Cov. 2000-B-0229 Domestic Return Receipt</p>	

SENDER:		Is your RETURN ADDRESS completed on the reverse side?	
<p>■ Complete items 1 and/or 2 for additional services.</p> <p>■ Complete items 3, 4a, and 4b.</p> <p>■ Print your name and address on the reverse of this form so that we can return this card to you.</p> <p>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p>■ Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p>■ The Return Receipt will show to whom the article was delivered and the date delivered.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>	
3. Article Addressed to: ROY G. BARTON, JR., INDIVIDUALLY P. O. BOX 978 HOBBS, NM 88241		<p>4a. Article Number <u>2327525313</u></p> <p>4b. Service Type</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
5. Received By: (Print Name) Brenda Stewart		<p>7. Date of Delivery <u>2/13/99</u></p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>	
6. Signature: (Addressee or Agent) X		<p>5. Received By: (Print Name)</p> <p>6. Signature: (Addressee or Agent)</p> <p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>	
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3. Article Addressed to: JOAN LOUISE YARNELL RINE 2120 ANDRE AVENUE LOS OSOS, CA 93402		<p>4a. Article Number <u>2327525313</u></p> <p>4b. Service Type</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
5. Received By: (Print Name) W. COO.		<p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>	
6. Signature: (Addressee or Agent) X		<p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>	
PS Form 3811, December 1994		<p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>	
Domestic Return Receipt		<p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>	

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Is your RETURN ADDRESS completed on the reverse side?

6. Signature: (Addressee or Agent)

and fee is paid)

5. Received By: (Print Name)

and fee is paid)

3. Article Addressed to:

WILLIAM ROBERT YARNELL

LOS OSOS, CA 93402

2120 ANDRE AVENUE

c/o JOAN LOUISE YARNELL RINE

CAPP'S

LAND DEPARTMENT

GPC OIL & GAS CORP.

P. O. BOX 50982

MIDLAND, TX 79710

X

Signature: (Addressee or Agent)

X

Addressed to:

DONALD R. CURRY

905 FT. WORTH CLUB BLDG.

FT. WORTH, TX 76102

X

Received By: (Print Name)

and fee is paid)

5. Received By: (Print Name)

and fee is paid)

6. Signature: (Addressee or Agent)

X

Addressed to:

RANDALL CAPPS, dba

XERIC OIL & GAS CORP.

P. O. BOX 352

MIDLAND, TX 79702

X

Received By: (Print Name)

and fee is paid)

6. Signature: (Addressee or Agent)

X

Addressed to:

MIDLAND, TX

Return Receipt for Merchandise

□ COD

X

Date of Delivery

MAY 11 1999

PS Form 3811, December 1994

Domestic Return Receipt

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

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

4. Article Number
2327525316
5. Service Type

<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Registered	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD
6. Date of Delivery
MAY 17 1999
7. Addressee's Address (Only if requested and fee is paid)

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.

X

Signature

X

Addressed to:

JOAN LOUISE YARNELL RINE

CAPP'S

LAND DEPARTMENT

GPC OIL & GAS CORP.

P. O. BOX 50982

MIDLAND, TX 79710

X

Received By: (Print Name)

and fee is paid)

X

Signature

X

Addressed to:

JOAN LOUISE YARNELL RINE

CAPP'S

LAND DEPARTMENT

GPC OIL & GAS CORP.

P. O. BOX 50982

MIDLAND, TX 79710

X

Received By: (Print Name)

and fee is paid)

X

Signature

X

Addressed to:

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LAND DEPARTMENT

GPC OIL & GAS CORP.

P. O. BOX 50982

MIDLAND, TX 79710

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Received By: (Print Name)

and fee is paid)

X

Signature

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Addressed to:

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Signature

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CAPP'S
LAND DEPARTMENT
GPC OIL & GAS CORP.
P. O. BOX 50982
MIDLAND, TX 79710

X

Received By:

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3. Article Addressed to:
LAND DEPARTMENT
REBEL OIL COMPANY

P. O. BOX 309
HOBBES, NM 88241

PS Form 3811, December 1994

W. LOU. DOWNS



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 his form so that we can return this card to you.
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3. Article Addressed to:

C. R. & ARLENE ALDERSON
P. O. BOX 1408
GRAND ISLAND, NE 68802

4. Article Number

2327 525 323

4b. Service Type

Certified

Registered

Express Mail

Return Receipt for Merchandise

COD

Insured

Restricted Delivery

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

3. Article Addressed to:

ROGER T. ELLIOTT & HOLLY L.
ELLIOTT
3907 CRESTGATE
MIDLAND, TX 79707

4. Article Number

2327 525 323

4b. Service Type

Certified

Registered

Express Mail

Return Receipt for Merchandise

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4b. Service Type

Certified

<input type

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		1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
		3. Article Addressed to: ST ANLEY H. FOX 2514 LOCKHEED MIDLAND, TX 79039	
		4a. Article Number 2327525327	4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		5. Received By: (Print Name) W. COO. JONES	6. Signature: (Addressee or Agent) X
		7. Date of Delivery MAY 17 1999	8. Addressee's Address (Only if requested and fee is paid)
		PS Form 3811, December 1994	PS Form 3811, December 1994
		Domestic Return Receipt	
SENDER:		I also wish to receive the following services (for an extra fee): ■ 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.	
		1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
		3. Article Addressed to: CHAD MILLER MAXWELL CHANDLER TRUST #8436-00 P. O. BOX 830308 DALLAS, TX 75289-0503	
		4a. Article Number 2327525327	4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		5. Received By: (Print Name) W. COO. JONES	6. Signature: (Addressee or Agent) X
		7. Date of Delivery MAY 17 1999	8. Addressee's Address (Only if requested and fee is paid)
		PS Form 3811, December 1994	PS Form 3811, December 1994
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SENDER:		I also wish to receive the following services (for an extra fee): ■ 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.	
		1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
		3. Article Addressed to: ATTN: LAND DEPARTMENT PIONEER NATURAL RESOURCES USA, INC. 1400 WILLIAMS SQUARE WEST 5205 NORTH O'CONNOR BLVD. IRVING, TX 75039	
		4a. Article Number 2327525328	4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		5. Received By: (Print Name) W. COO. JONES	6. Signature: (Addressee or Agent) X
		7. Date of Delivery MAY 17 1999	8. Addressee's Address (Only if requested and fee is paid)
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		Domestic Return Receipt	

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3. Article Addressed to:

MARVIN E. KRAFT
367 FAIRWAY
WICHITA, KS 67212

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327525331

Is your RETURN ADDRESS completed on the reverse side?

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

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- 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.

Consult postmaster for fee.

3. Article Addressed to:

LAWRENCE J. SERIGHT
P. O. BOX 5361
MIDLAND, TX 79704

4a. Article Number

2327525333

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

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- 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.

Consult postmaster for fee.

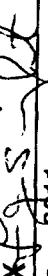
4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

5-12-99

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

5. Received By: (Print Name)
Lawrence J. Seright
6. Signature: (Addressee or Agent)


PS Form 3811, December 1994 U. S. POSTAGE PAID
W. LOU. 21456-98-B-0229 Domestic Return Receipt

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

SENDER:

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

3. Article Addressed to:

CHARLES T. SLACK
1131 MAUS LANE
WICHITA, KS 67212

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327525332

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

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- 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.

Consult postmaster for fee.

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

5-10-99

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

5. Received By: (Print Name)
Charles T. Slack
6. Signature: (Addressee or Agent)


PS Form 3811, December 1994 U. S. POSTAGE PAID
W. LOU. 21456-98-B-0229 Domestic Return Receipt

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

SENDER:

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

3. Article Addressed to:

JAMES W. ROGERS
3922 EDGEBROOK CT.
MIDLAND, TX 79707

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

7327525334

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

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- 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.

Consult postmaster for fee.

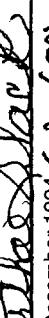
4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

5-14-99

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

5. Received By: (Print Name)
James W. Rogers
6. Signature: (Addressee or Agent)


PS Form 3811, December 1994 U. S. POSTAGE PAID
W. LOU. 21456-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?
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.

SENDER:

- 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:
J. HIRAM MOORE, LTD.
310 W. WALL, SUITE 404
MIDLAND, TX 79701

4a. Article Number
2327525-336
4b. Service Type
 Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

5. Received By: (Print Name)
John H. Moore
6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

W. LOU. POWELL Domestic Return Receipt

PS Form 3811, December 1994

12-0229

Domestic Return Receipt

PS Form 3811, December 1994

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PS Form 3811, December 1994

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Domestic Return Receipt

PS Form 3811, December 1994

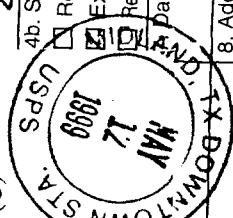
12-0229

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:

CHARLES B. GILLESPIE, JR. (O)
P.O. BOX "8
MIDLAND, TX 79702



4a. Article Number

2327525340

4b. Service Type

- Registered Express Mail
 Return Receipt for Merchandise Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)



7. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

9. Article Number

2327525340

10. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

11. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

13. Article Number

2327525340

14. Service Type

- Registered Express Mail
 Return Receipt for Merchandise Date of Delivery

15. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

17. Article Number

2327525340

18. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

19. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

21. Article Number

2327525340

22. Service Type

- Registered Express Mail
 Return Receipt for Merchandise Date of Delivery

23. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

25. Article Number

2327525340

26. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

27. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

29. Article Number

2327525340

30. Service Type

- Registered Express Mail
 Return Receipt for Merchandise Date of Delivery

31. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

33. Article Number

2327525340

34. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

35. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

37. Article Number

2327525340

38. Service Type

- Registered Express Mail
 Return Receipt for Merchandise Date of Delivery

39. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

41. Article Number

2327525340

42. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

43. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

45. Article Number

2327525340

46. Service Type

- Registered Express Mail
 Return Receipt for Merchandise Date of Delivery

47. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

49. Article Number

2327525340

50. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

51. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

53. Article Number

2327525340

54. Service Type

- Registered Express Mail
 Return Receipt for Merchandise Date of Delivery

55. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

57. Article Number

2327525340

58. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

59. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

61. Article Number

2327525340

62. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

63. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

65. Article Number

2327525340

66. Service Type

- Certified Insured
 Return Receipt for Merchandise Date of Delivery

67. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

69. Article Number

2327525340

70. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

71. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

73. Article Number

2327525340

74. Service Type

- Certified Insured
 Return Receipt for Merchandise Date of Delivery

75. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

77. Article Number

2327525340

78. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

79. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

81. Article Number

2327525340

82. Service Type

- Certified Insured
 Return Receipt for Merchandise Date of Delivery

83. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

85. Article Number

2327525340

86. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

87. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

89. Article Number

2327525340

90. Service Type

- Certified Insured
 Return Receipt for Merchandise Date of Delivery

91. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

93. Article Number

2327525340

94. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

95. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

97. Article Number

2327525340

98. Service Type

- Certified Insured
 Return Receipt for Merchandise Date of Delivery

99. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

101. Article Number

2327525340

102. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

103. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

105. Article Number

2327525340

106. Service Type

- Certified Insured
 Return Receipt for Merchandise Date of Delivery

107. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

109. Article Number

2327525340

110. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

111. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

113. Article Number

2327525340

114. Service Type

- Certified Insured
 Return Receipt for Merchandise Date of Delivery

115. Date of Delivery

10

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

CHARLES B. GILLESPIE, JR.
P.O. BOX "8
MIDLAND, TX 79702

117. Article Number

2327525340

118. Service Type

- Certified Insured
 Return Receipt for Merchandise COD

4a. Article Number can return this to following services (for a reduced service address):		4b. Service Type Return Receipt Refused Mail Express Mail Registered Certified Measured Addressed Delivery Return Receipt to Mailing Address COB Measured Delivery and fees is paid)	4c. Article Number also used to receive the carrier fee).	4d. Domestic Return Receipt and fees is paid)
		5 - 10 - 99		5-10-99 Domestic Return Receipt
8. Addressee's Address (Only if requested)		6. Signature (Addressee or Agent) <i>Patty Miller</i>		
9. Date of Delivery		7. Date of Delivery		
<input type="checkbox"/> Return Receipt to Mailing Address <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Measured <input type="checkbox"/> Addressed <input type="checkbox"/> Delivery <input type="checkbox"/> and fees is paid		<input type="checkbox"/> Return Receipt to Mailing Address <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Measured <input type="checkbox"/> Addressed <input type="checkbox"/> Delivery <input type="checkbox"/> and fees is paid		
1. Address carrier fee):		2. Faxed/Delivery carrier fee).		
3. Number carrier fee):		4. Article Number carrier fee):		
5. Received By: (Print Name) <i>W. CO</i>				
6. Signature (Addressee or Agent) <i>Patty Miller</i>				
PS Form 3811, December 1994				
7. Article Addressed to You Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form card to you. Attach this form to the front of the mailpiece, or on the back if permitted. Write "Return Receipt Requested" on the mailpiece before it is delivered. The Return Receipt will show to whom the article was delivered.				

ATTN: CHUCK MORAN
YATES PETROLEUM CORPORATION
MYCO INDUSTRIES, INC.
JOHN A. YATES
YATES DRILLING COMPANY

S.P. YATES
LOS CHICOS
ABO PETROLEUM CORPORATION
PEYTON YATES
RICHARD YATES
WEED OIL AND GAS
105 SOUTH 4TH STREET
ARTESIA, NM 88210

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

<p>I also wish to receive the following services (for an extra fee):</p> <p>does not number. the date</p>	<p><input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Consult postmaster for fee.</p>
<p>4a. Article Number 2327525344</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
<p>7. Date of Delivery, OK </p>	
<p>8. Addressee's Address (print if requested and fees paid)</p>	

PET. *Platium Receipt Requested* on the mailpiece. Return Receipt will show to whom the article was sent.

TTN: LAND DEPARTMENT
CHESAPEAKE OPERATING, INC.
O. BOX 54525
OKLAHOMA CITY OK 73151-54525

Is your REILUHR AUDI HESSE completed on the reverse side?

51

PS Form 3811, December 1994 W. (O. A. M.) 8-B-0229
Domestic Return Receipt

~~Petty Baker~~

6. Sigma Rule: (Addressing an Agent)

5. Received By: (Print Name) _____
8. Addressee's Address (Only if requested
and fee is paid) _____

7. Date of Delivery

Return Receipt for Merchandise COD

Registered Certified
 Express Mail Insured

WOOD OIL COMPANY
101 SOUTH BOSTON AVE.

3. Article Addressed to:
ATTN: LAND DEPARTMENT

4a. Article Number
7327525347

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

■ 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.

1. Addressee's Address
2. Restricted Delivery

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.

SENDER: _____
■ Complete items 1 and/or 2 for additional services.

I also wish to receive the following services (for an

Form 3811, December 1984
W. CO. 2 N.Y. 95-98-B-0229 Domestic Return Receipt

SENDER:

Complete items 1 and/or 2 for additional services.

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

3. Article Addressed to:

ATTN: LAND DEPARTMENT
LARIO OIL & GAS COMPANY
SUITE 1420
500 WEST TEXAS
MIDLAND, TX 79701

5. Received By: (Print Name)

X *John Johnson*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327 525 352

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-11-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

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

2327 525 354

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

- 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.

4a. Article Number

2327 525 355

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 356

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 357

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 358

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 359

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 360

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 361

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 362

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 363

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 364

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December

1994

W. COV.

PA

102595-98-B-0229

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

I also wish to receive this

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

4a. Article Number

2327 525 365

b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5-10-95

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

6. Signature: (Addressee or Agent)

X *John Johnson*

PS

Form

3811

, December</

SENDER:**SENDER:**

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

- 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.
- Consult postmaster for fee.

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

2327525356

4a. Article Number
2327525356

4b. Service Type
 Registered Certified Insured COD

5. Received By: (Print Name)
X. Phillip Mowinkel

5. Received By: (Print Name)
JM

6. Signature: (Addressee or Agent)
Phillip Mowinkel

6. Signature: (Addressee or Agent)
JM

7. Date of Delivery
5-11-99

8. Addressee's Address (Only if requested and fee is paid)
**ATTN: LAND DEPARTMENT
PHILLIPS PETROLEUM COMPANY
4001 PEMBROOK
ODESSA, TX 79762**

PS Form 3811, December 1994
Domestic Return Receipt

SENDER:

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

2327525357

4a. Article Number
2327525357

4b. Service Type
 Registered Certified Insured COD

5. Received By: (Print Name)
X. Phillip Mowinkel

5. Received By: (Print Name)
JM

6. Signature: (Addressee or Agent)
Phillip Mowinkel

6. Signature: (Addressee or Agent)
JM

7. Date of Delivery
5-13-99

8. Addressee's Address (Only if requested and fee is paid)
**ATTN: LAND DEPARTMENT
PERRY & PERRY INC.
P.O. BOX 371
MIDLAND, TX 79702**

PS Form 3811, December 1994
Domestic Return Receipt

**SENDER:**

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

- 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.
- Consult postmaster for fee.

2327525358

4a. Article Number
2327525358

4b. Service Type
 Registered Certified Insured COD

5. Received By: (Print Name)
X. Phillip Mowinkel

5. Received By: (Print Name)
JM

6. Signature: (Addressee or Agent)
Phillip Mowinkel

6. Signature: (Addressee or Agent)
JM

7. Date of Delivery
5-13-99

8. Addressee's Address (Only if requested and fee is paid)
**ATTN: LAND DEPARTMENT
DAVID PETROLEUM CORPORATION
116 WEST FIRST STREET
ROSWELL, NM 88201**

PS Form 3811, December 1994
Domestic Return Receipt

SENDER:

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

- 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.
- Consult postmaster for fee.

2327525359

4a. Article Number
2327525359

4b. Service Type
 Registered Certified Insured COD

5. Received By: (Print Name)
X. Phillip Mowinkel

5. Received By: (Print Name)
JM

6. Signature: (Addressee or Agent)
Phillip Mowinkel

6. Signature: (Addressee or Agent)
JM

7. Date of Delivery
5-14-99

8. Addressee's Address (Only if requested and fee is paid)
**ATTN: LAND DEPARTMENT
PERRY & PERRY INC.
P.O. BOX 371
MIDLAND, TX 79702**

PS Form 3811, December 1994
Domestic Return Receipt

SENDER:

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

- 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.
- Consult postmaster for fee.

2327525360

4a. Article Number
2327525360

4b. Service Type
 Registered Certified Insured COD

5. Received By: (Print Name)
X. Phillip Mowinkel

5. Received By: (Print Name)
JM

6. Signature: (Addressee or Agent)
Phillip Mowinkel

6. Signature: (Addressee or Agent)
JM

7. Date of Delivery
5-15-99

8. Addressee's Address (Only if requested and fee is paid)
**ATTN: LAND DEPARTMENT
DAVID PETROLEUM CORPORATION
116 WEST FIRST STREET
ROSWELL, NM 88201**

PS Form 3811, December 1994
Domestic Return Receipt

SENDER:

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

- 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.
- Consult postmaster for fee.

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

- 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.

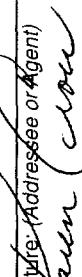
I also wish to receive the following services (for an extra fee):

- 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.

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:
**JAMES A. GIBBS, dba JEB
 ROYALTIES**
 4925 GREENVILLE AVE.
 ONE ENERGY SQUARE
 DALLAS, TX 75206

4a. Article Number	2327525362
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5/10
8. Addressee's Address, (Only if requested and fee is paid)	W. COO.
5. Received By: (Print Name)	X Karen (Agent)
6. Signature: (Addressee or Agent)	

PS Form 3811, December 1994

W. COO. 102948-B-0229 Domestic Return Receipt

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

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

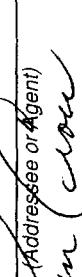
Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
EDWARD G. BOONE

1513 TINSDALE NASHVILLE, AR 71852

4a. Article Number	2327525363
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-13-93
8. Addressee's Address, (Only if requested and fee is paid)	
5. Received By: (Print Name)	X Mrs - Edward G. Boone
6. Signature: (Addressee or Agent)	

PS Form 3811, December 1994

W. COO. 102948-B-0229 Domestic Return Receipt

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

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

3. Article Addressed to:
SUSAN HUGHES
 P.O. BOX 1491
 TRINITY, TX 75862

4a. Article Number	2327525365
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-15-93
8. Addressee's Address, (Only if requested and fee is paid)	X Susan Hughes
5. Received By: (Print Name)	X Susan Hughes
6. Signature: (Addressee or Agent)	

PS Form 3811, December 1994

W. COO. 102948-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
ATTN: LAND DEPARTMENT
 VIERSON OIL & GAS COMPANY

4a. Article Number	2327525366
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-14-99
8. Addressee's Address, (Only if requested and fee is paid)	
5. Received By: (Print Name)	X Lynn Ferguson
6. Signature: (Addressee or Agent)	

PS Form 3811, December 1994

W. COO. 102948-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
EDWARD G. BOONE
 1513 TINSDALE NASHVILLE, AR 71852

4a. Article Number	2327525367
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-13-93
8. Addressee's Address, (Only if requested and fee is paid)	
5. Received By: (Print Name)	X Edward G. Boone
6. Signature: (Addressee or Agent)	

PS Form 3811, December 1994

W. COO. 102948-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
SUSAN HUGHES
 P.O. BOX 1491
 TRINITY, TX 75862

4a. Article Number	2327525368
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-14-99
8. Addressee's Address, (Only if requested and fee is paid)	
5. Received By: (Print Name)	X Susan Hughes
6. Signature: (Addressee or Agent)	

PS Form 3811, December 1994

W. COO. 102948-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.

- 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:
SUSAN HUGHES
 P.O. BOX 1491
 TRINITY, TX 75862

4a. Article Number	2327525369
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-14-99
8. Addressee's Address, (Only if requested and fee is paid)	
5. Received By: (Print Name)	X Susan Hughes
6. Signature: (Addressee or Agent)	

PS Form 3811, December 1994

W. COO. 102948-B-0229 Domestic Return Receipt

SENDER:

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

3. Article Addressed to:

MICHAEL MARK ESTLACK
c/o LAYTON J. ESTLACK
1205 CAMINA VEGA
FARMINGTON, NM 87401

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

4a. Article Number	7327525368
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-10-99
5. Received By: (Print Name)	W. Layton J. Estlack
6. Signature: (Addressee or Agent)	X
8. Addressee's Address (Only if requested and fee is paid)	502595-2029 W. Layton J. Estlack

PS Form 3811, December 1994 202595-2029 Domestic Return Receipt

SENDER:

- 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:

LILA HUGHES
206 RADIO BLVD.
CARLSBAD, NM 88220

4a. Article Number	2327525370
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-11-99
5. Received By: (Print Name)	W. Layton J. Estlack
6. Signature: (Addressee or Agent)	X
8. Addressee's Address (Only if requested and fee is paid)	502595-2029 W. Layton J. Estlack

PS Form 3811, December 1994 202595-2029 Domestic Return Receipt

SENDER:

- 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:

L. RUTH PRITCHARD & JAMES
R. PRITCHARD, SR.
502595-2029 ALAMOGORDO STREET
DEMING, NM 88030

4a. Article Number	2327525371
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-10-99
5. Received By: (Print Name)	W. Layton J. Estlack
6. Signature: (Addressee or Agent)	X
8. Addressee's Address (Only if requested and fee is paid)	502595-2029 W. Layton J. Estlack

PS Form 3811, December 1994 202595-2029 Domestic Return Receipt

SENDER:

- 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:

VERA DICKSON & R.S. DICKSON
902 NORTH MAIN, #26
SAN ANGELO, TX 76903

4a. Article Number	2327525369
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	5-17
5. Received By: (Print Name)	Verena R. Dickson
6. Signature: (Addressee or Agent)	X
8. Addressee's Address (Only if requested and fee is paid)	502595-2029 W. Layton J. Estlack

PS Form 3811, December 1994 202595-2029 Domestic Return Receipt

SENDER:

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

- 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:

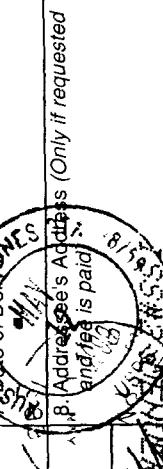
PAUL E. POWELL, AIF
FOR E.E. POWELL
4159 STECK AVE. #125
AUSTIN, TX 78759

4a. Article Number

2327525322

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD



5. Received By: (Print Name)

Paul E. Powell

6. Signature: (Addressee or Agent)

Paul E. Powell

Domestic Return Receipt

PS Form 3811, December 1994

W. CO. 105-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

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

- 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:

LEE BRIXIEY EASTLACK, AKA
LEE BRIXIEY ESTLACK
1701 GRANT STREET
WICHITA FALLS, TX 76309

4a. Article Number

2327525374

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

12-99

8. Addressee's Address (Only if rec'd ed and fee is paid)

Lee Brixiey Estlack

Domestic Return Receipt

PS Form 3811, December 1994

W. CO. 105-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

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

- 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:

MARY ATHLYA ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

4a. Article Number

2327525372

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

12-99

8. Addressee's Address (Only if rec'd ed and fee is paid)

Mary Athlya Estlack

Domestic Return Receipt

PS Form 3811, December 1994

W. CO. 105-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

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

- 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:

DAVID L. ESTLACK, AIR FOR EUGENE
H. ESTLACK
2002 SURREY DRIVE
ROUND ROCK, TX [REDACTED]

4a. Article Number

2327525373

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

12-99

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

David L. Estlack

Domestic Return Receipt

PS Form 3811, December 1994

W. CO. 105-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

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

- 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:

DONNA ESTLACK HICKS, HEIR OF
MARY ATHLYA ESTLACK
P.O. BOX 596
CLARENDON, TX 79226

4a. Article Number

2327525377

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

13-99

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

Donna Estlack Hicks

Domestic Return Receipt

PS Form 3811, December 1994

W. CO. 105-0229 Domestic Return Receipt

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

ALLEN H. ESTLACK, HEIR OF MARY
ATHLYA
P.O. BOX 596
CLARENDON, TX 79226

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

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


1055-0229 Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

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.

Is your RETURN ADDRESS completed on the reverse side?

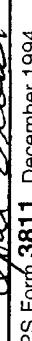
2327 525 376

4a. Article Number
4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD
7. Date of Delivery
10.0

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

OPAL N. STOUT HEIR OF ROSE
BOYD
1904 AVE. M
SNYDER, TX 79549
PS Form 3811, December 1994

3. Article Addressed to:
4a. Article Number
4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD
7. Date of Delivery
5 - 12 - 99

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


1055-0229 Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

CHARLES W. BOYD HEIR OF ROSE
BOYD
6968 S. MADISON WAY
LITTLETON, CO 80122

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

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


2327 525 378
4a. Article Number
4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD
7. Date of Delivery

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

CHARLES W. BOYD HEIR OF ROSE
BOYD
4712 40TH STREET
LUBBOCK, TX 79423
PS Form 3811, December 1994

3. Article Addressed to:
4a. Article Number
4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD
7. Date of Delivery
5 - 12 - 99

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

9. Signature: (Addressee or Agent)


1055-0229 Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

CHARLES W. BOYD HEIR OF ROSE
BOYD
6968 S. MADISON WAY
LITTLETON, CO 80122

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

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


2327 525 381
4a. Article Number
4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD
7. Date of Delivery

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

CHARLES W. BOYD HEIR OF ROSE
BOYD
4712 40TH STREET
LUBBOCK, TX 79423
PS Form 3811, December 1994

3. Article Addressed to:
4a. Article Number
4b. Service Type
 Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD
7. Date of Delivery
5 - 12 - 99

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

9. Signature: (Addressee or Agent)


1055-0229 Domestic Return Receipt
PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:
**JERRY D. BOYD HEIR OF ROSE
BOYD
2734 MEADOW TREE LANE
SPRING, TX 77388**

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

2327525380

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

11/4/94

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

*Jerry D. Boyd
2327525380*

5. Received By: (Print Name)

Jerry D. Boyd

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

500-B-0229

W. LOU. BRIDLEPATH
Domestic Return Receipt

SENDER:

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

3. Article Addressed to:
**JANET EVERNS
3209 BRIDLEPATH
AUSTIN, TX 78703**

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

2327525385

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5-13-94

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

*Janet Evers
2327525385*

5. Received By: (Print Name)

J. Evers

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

500-B-0229

W. LOU. BRIDLEPATH
Domestic Return Receipt

SENDER:

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

3. Article Addressed to:
**PATRICIA ESTLACK SAMMONS
HEIR OF ALFRED D. ESTLACK
P.O. BOX 524
PETERSBURG, TX 79520**

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

2327525386

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5-13-94

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

*Patricia Estlack Sammons
2327525386*

5. Received By: (Print Name)

J. Estlack

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

500-B-0229

W. LOU. BRIDLEPATH
Domestic Return Receipt

SENDER:

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

3. Article Addressed to:
**CAROLYN JONES
C. J. Jones
114 N. Main Street
Perryton, Texas 79070**

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

2327525387

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5-13-94

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

*Carolyn Jones
2327525387*

5. Received By: (Print Name)

J. Jones

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

500-B-0229

W. LOU. BRIDLEPATH
Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	
<p>2. Addressee's Address to:</p> <p>ALLEN H. ESTLACK HEIR OF ALFRED D. ESTLACK P.O. BOX 596 CLARENDON, TX 79226</p>	
<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery 3. Consult postmaster for fee. 	
<p>4a. Article Number 2327525387</p>	
<p>4b. Service Type</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 	
<p>7. Date of Delivery 5/17/94</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>5. Received By: (Print Name)</p>	
<p>6. Signature: (Addressee or Agent) X Allen Estlack</p>	
<p>PS Form 3811, December 1994</p>	
<p>Domestic Return Receipt</p>	
<p>Thank you for using Return Receipt Service.</p>	
<p>Is your RETURN ADDRESS completed on the reverse side?</p>	

SENDER:	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	
<p>2. Addressee's Address to:</p> <p>DANA ESTLACK SHEA HEIR OF ALFRED D. ESTLACK 1062 NORTH LINDEN WAHOO, NE 68066</p>	
<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery 3. Consult postmaster for fee. 	
<p>4a. Article Number 2327525388</p>	
<p>4b. Service Type</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 	
<p>7. Date of Delivery 5/14/94</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>5. Received By: (Print Name)</p>	
<p>6. Signature: (Addressee or Agent) X Brad Heusen</p>	
<p>PS Form 3811, December 1994</p>	
<p>Domestic Return Receipt</p>	
<p>Thank you for using Return Receipt Service.</p>	

SENDER:	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	
<p>2. Addressee's Address to:</p> <p>DONNA J. ADAMS & PHILIP GLENN ADAMS, SR. 14 A CARLSON ROAD SANTA FE, NM 87505</p>	
<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery 3. Consult postmaster for fee. 	
<p>4a. Article Number 2327525391</p>	
<p>4b. Service Type</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 	
<p>7. Date of Delivery 5/14/94</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>5. Received By: (Print Name)</p>	
<p>6. Signature: (Addressee or Agent) X</p>	
<p>PS Form 3811, December 1994</p>	
<p>Domestic Return Receipt</p>	
<p>Thank you for using Return Receipt Service.</p>	

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:
JAY NEIL JOINER:
 5908 GARY DRIVE
 AUSTIN, TX 78757

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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	<u>2327525393</u>
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	<u>5-15-99</u>
5. Received By: (Print Name)	<u>W. COO</u>
6. Signature: (Addressee or Agent)	
8. Addressee's Address (Only if requested and fee is paid)	<u>PS Form 3811, December 1994</u>

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:
K. COOKS:
K. COOKS

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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	<u>2327525396</u>
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	<u>5-15-99</u>
8. Addressee's Address (Only if requested and fee is paid)	<u>PS Form 3811, December 1994</u>
6. Signature: (Addressee or Agent)	
5. Received By: (Print Name)	<u>W. COO</u>

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:
J.E. SIMMONS TRUSTS A&B:
 J.E. SIMMONS TRUSTS A&B,
 BEULAH H. SIMMONS TRUSTS A&B,
 NORWEST BANK OF TEXAS, N.A.
 TRUSTEES
 c/o TRUST DIVISION
 P.O. BOX 1241
 LUBBOCK, TX 79408-1241

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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	<u>2327525398</u>
4b. Service Type	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
7. Date of Delivery	<u>5-15-99</u>
8. Addressee's Address (Only if requested and fee is paid)	<u>PS Form 3811, December 1994</u>
6. Signature: (Addressee or Agent)	
5. Received By: (Print Name)	<u>W. COO</u>

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

- 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:
Jackie Irene Thomas' Walters:
Jackie Irene Thomas' Walters

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

- 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:
W. COO:
W. COO

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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:

CLIFFORD G. BURNEAU
P.O. BOX 508
ROSCOE, TX 79545

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

?

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

1. Complete items 3, 4a, and 4b.
2. Print your name and address on the reverse of this form so that we can return this card to you.
3. Attach this form to the front of the mailpiece, or on the back if space does not permit.
4. 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.

Consult postmaster for fee.

?

4a. Article Number

2327525399

4b. Service Type

Registered
 Express Mail
 Return Receipt for Merchandise
 Certified
 Insured
 COD

Thank you for using Return Receipt Service.

?

Is your RETURN ADDRESS completed on the reverse side?

?

The thank you message is present here.

?

The signature is present here.

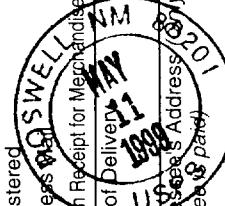
?

The

<p align="center">SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	
<p align="center">ADDRESSEE:</p> <p align="center">JULIA CULP P.O. BOX 363 LOVINGTON, NM 88260</p>	
<p align="center">Addressed to:</p> <p align="center">JULIA CULP P.O. BOX 363 LOVINGTON, NM 88260</p>	
<p align="center">5. Received By: (Print Name)</p> <p align="center"><i>[Signature]</i></p>	
<p align="center">6. Signature: (Addressee or Agent)</p> <p align="center"><i>[Signature]</i></p>	
<p align="center">7. Date of Delivery</p> <p align="center">-----</p>	
<p align="center">8. Addressee's Address (Only if requested and fee is paid)</p> <p align="center">-----</p>	
<p align="center">9. Service Type</p> <p align="center">4a. Article Number 103</p> <p align="center">4b. Service Type USPS</p> <p align="center"> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD </p>	
<p align="center">10. Postage</p> <p align="center"> 103 <i>[Large circular stamp with '103' and 'U.S. POSTAGE' around it]</i> </p>	
<p align="center">11. Remarks</p> <p align="center">Consult postmaster for fee.</p>	
<p align="center">12. Signature</p> <p align="center">-----</p>	

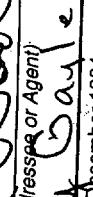
Is your RETURN ADDRESS printed on the reverse side?

Thank you for using Return Receipt Service.

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p>J. EDWARD WOOD, AKA JERRY E. WOOD P.O. BOX 760 ROSWELL, NM 88201</p>		4a. Article Number <p>Z 327 525 4001</p>	4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express <input type="checkbox"/> Return Receipt for Merchandise
		5. Received By: (Print Name) <p> </p>	6. Date of Delivery <p>11-1-1999</p>
		7. Date of Delivery <p>11-1-1999</p>	8. Address/Box/Room if requested <p>PO Box 760 Roswell, NM 88201</p>
			

Is your RETURN ADDRESS printed on the reverse side?

Thank you for using Return Receipt Service.

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.	<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery </p>	<p>4a. Article Number Z-327-525-404</p> <p>4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD</p> <p>7. Date of Delivery</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>J. EDWARD WOOD AKA JERRY E. WOOD P.O. BOX 760 ROSWELL, NM 88201</p> <p>i. Received By (Print Name)  ii. Signature (Address or Agent) </p>
		S Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt	

IS YOUR BETTER APPRECIATED

Thank you for using Return Receipt Service.

<p>SENDER:</p> <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>LEORA CULP LEE P.O. BOX 363 LOVINGTON, NM 88620</p>		<p>4a. Article Number <u>2327525406</u></p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered Mail <u>882620</u></p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Insured</p> <p><input type="checkbox"/> COD</p>	
		<p>7. Date <u>15-12-94</u></p> <p>8. Addressee's Address (Only if requested and fee <u>paid</u>)</p>	
<p>5. Received By: (Print Name)</p> <p><u>Jeanne Culp Lee</u></p>		<p>6. Signature: (Addressee or Agent) <u>Jeanne Culp Lee</u></p>	
<p>PS Form 3811, December 1994</p> <p>1025598629</p> <p>Domestic Return Receipt</p>			

Is your RETURN ADDRESS completed on the reverse side?

[www.yourlocaldrycleaner.com](#) for a dry cleaning service near you.

SENDER: Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BRADFORD A. CHRISTMAS BOX 173 WAGON MOUND, NM 88752		4a. Article Number 2327525407	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <i>Joseph Christmas</i>		5. Received By: (Print Name) <i>John Nickson</i>	
6. Signature: (Addressee or Agent) <i>Joseph Christmas</i>		6. Signature: (Addressee or Agent) <i>X John Nickson</i>	
PS Form 3811, December 1994		PS Form 3811, December 1994	
Is your RETURN ADDRESS comldated on the reverse side?		Is your RETURN ADDRESS comldated on the reverse side?	
Thank you for using Return Receipt Service.		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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: WILLIAM G. PONDER 1209 BERKELEY RICHARDSON, TX 75080		4a. Article Number 2327525411	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <i>William Ponder</i>		5. Received By: (Print Name) <i>John Nickson</i>	
6. Signature: (Addressee or Agent) <i>William Ponder</i>		6. Signature: (Addressee or Agent) <i>X John Nickson</i>	
PS Form 3811, December 1994		PS Form 3811, December 1994	
Is your RETURN ADDRESS comldated on the reverse side?		Is your RETURN ADDRESS comldated on the reverse side?	
Thank you for using Return Receipt Service.		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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: JOSEPH RICHARD NICKSON 205 WEST 19TH STREET NEW YORK, NY 10011		4a. Article Number 2327525413	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name) <i>Joseph Richard Nickson</i>		5. Received By: (Print Name) <i>John Nickson</i>	
6. Signature: (Addressee or Agent) <i>Joseph Richard Nickson</i>		6. Signature: (Addressee or Agent) <i>X John Nickson</i>	
PS Form 3811, December 1994		PS Form 3811, December 1994	
Is your RETURN ADDRESS comldated on the reverse side?		Is your RETURN ADDRESS comldated on the reverse side?	
Thank you for using Return Receipt Service.		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.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

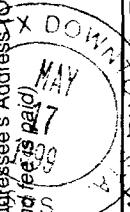
3. Article Addressed to:

MARTHA NICKSON
P.O. BOX 10352
MIDLAND, TX 79702

4a. Article Number **232752544**

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

7. Date of Delivery **12/12/99**

5. Received By: *(Print Name)*


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

PS Form 3811, December 1994

W. CO. 100.00 Domestic Return Receipt

SENDER:

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

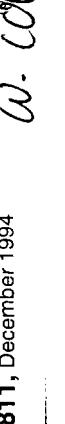
3. Article Addressed to:
ATTN: PHIL FLEETWOOD
 TCMAP 1995-C
 P.O. BOX 407
 MARLOW, OK 73055

4a. Article Number **2327525417**

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

7. Date of Delivery **5-11-95**

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

5. Received By: *(Print Name)*


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

PS Form 3811, December 1994

W. CO. 100.00 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

- I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.
- Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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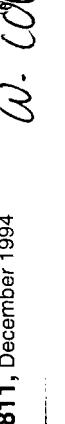
3. Article Addressed to:
ATTN: PHIL FLEETWOOD
 TCMAP 1995-C
 P.O. BOX 407
 MARLOW, OK 73055

4a. Article Number **2327525417**

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

7. Date of Delivery **5-11-95**

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

5. Received By: *(Print Name)*


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

PS Form 3811, December 1994

W. CO. 100.00 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

- I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.
- 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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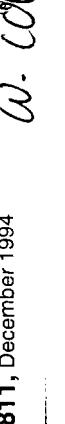
3. Article Addressed to:
ATTN: PHIL FLEETWOOD
 TCMAP 1995-C
 P.O. BOX 407
 MARLOW, OK 73055

4a. Article Number **2327525417**

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

7. Date of Delivery **5-11-95**

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

5. Received By: *(Print Name)*


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

PS Form 3811, December 1994

W. CO. 100.00 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:

- I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.
- 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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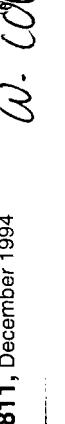
3. Article Addressed to:
ATTN: PHIL FLEETWOOD
 TCMAP 1995-C
 P.O. BOX 407
 MARLOW, OK 73055

4a. Article Number **2327525417**

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

7. Date of Delivery **5-11-95**

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

5. Received By: *(Print Name)*


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

PS Form 3811, December 1994

W. CO. 100.00 Domestic Return Receipt

SENDER:

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

Print your name and address on the reverse of this form so that we can return this card to you.

■ Attach this form to the front of the mailpiece, or on the back if space does not permit.

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

3. Article Addressed to:

**ATTN: LAND DEPARTMENT
BAYOU BLACK ROYALTY COMPANY,
INC.**
1107 HUDSON LANE, SUITE B
MONROE, LA 71201

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

2327525420

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5/11/95

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

6. Signature (Addressee or Agent)

X Juhie Done

PS Form 3811, December 1994 W. CO. 244 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.

- Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

■ Attach this form to the front of the mailpiece, or on the back if space does not permit.

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

3. Article Addressed to: W.K. GRIFFIN, JR., TRUSTEE OF THE W.K. GRIFFIN, JR. CHILDREN'S IRREVOCABLE TRUST

P.O. BOX 12274
JACKSON, MS 39236

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

2327525422

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5/11/95

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

6. Signature (Addressee or Agent)

X C. H. C. H.

PS Form 3811, December 1994 W. CO. 244 Domestic Return Receipt

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327525423

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5/11/95

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

6. Signature (Addressee or Agent)

X Juhie Done

PS Form 3811, December 1994 W. CO. 244 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.

■ Complete items 3, 4a, and 4b.

■ Print your name and address on the reverse of this form so that we can return this card to you.

■ Attach this form to the front of the mailpiece, or on the back if space does not permit.

■ Write "Return Receipt Requested" on the mailpiece below the article number.

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

3. Article Addressed to: BARRON J. O'NEAL

SUITE 204
2210 LINE AVE
SHREVEPORT, LA 87104

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

2327525421

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5/12/95

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

6. Signature (Addressee or Agent)

X Juhie Done

PS Form 3811, December 1994 W. CO. 244 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.

■ Complete items 3, 4a, and 4b.

■ Print your name and address on the reverse of this form so that we can return this card to you.

■ Attach this form to the front of the mailpiece, or on the back if space does not permit.

■ Write "Return Receipt Requested" on the mailpiece below the article number.

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

3. Article Addressed to: ATTN: LAND DEPARTMENT
MID CONTINENT ENERGY, INC.

SUITE 450
100 WEST 5TH STREET
TULSA, OK 74103-4287

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

2327525422

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5/12/95

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

6. Signature (Addressee or Agent)

X Juhie Done

PS Form 3811, December 1994 W. CO. 244 Domestic Return Receipt

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327525422

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5/11/95

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

6. Signature (Addressee or Agent)

X Juhie Done

PS Form 3811, December 1994 W. CO. 244 Domestic Return Receipt

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327525423

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise COD

7. Date of Delivery

5/12/95

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

6. Signature (Addressee or Agent)

X Juhie Done

PS Form 3811, December 1994 W. CO. 244 Domestic Return Receipt

SENDER:

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

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

^a Article Addressed to
DONALD F. DUNCAN
c/o PHIL FLEETWOOD
P.O. BOX 407
MARLOW, OK 73055

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

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

^a Article Addressed to
LEE FAMILY TRUST DATED 4/13/93
P.O. BOX 363
LOVINGTON, NM 88260

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

4a. Article Number
2327 525424

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
5-11-99

5. Received By: (Print Name)
John M. Key

6. Signature (Addressee or Agent)
John M. Key

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

7. Date of Delivery

PS Form 3811, December 1994
2595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

^a Article Addressed to
ROBERT M. KEY
P.O. DRAWER 22
SHREVEPORT, LA 71161

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

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

Is your RETURN ADDRESS completed on the reverse side?

4a. Article Number
2327 525425

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)
Robert M. Key

6. Signature (Addressee or Agent)
Robert M. Key

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

7. Date of Delivery

PS Form 3811, December 1994
2595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

^a Article Addressed to
JOHN M. KEY
P.O. BOX 465
LOVINGTON, NM 88260

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

4a. Article Number
2327 525426

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)
John M. Key

6. Signature (Addressee or Agent)
John M. Key

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

7. Date of Delivery

PS Form 3811, December 1994
2595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

^a Article Addressed to
JOHN M. KEY
P.O. BOX 465
LOVINGTON, NM 88260

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

4a. Article Number
2327 525427

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)
John M. Key

6. Signature (Addressee or Agent)
John M. Key

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

7. Date of Delivery

PS Form 3811, December 1994
2595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

^a Article Addressed to
JOHN M. KEY
P.O. BOX 465
LOVINGTON, NM 88260

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

4a. Article Number
2327 525428

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
5-11-99

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

5. Received By: (Print Name)
John M. Key

6. Signature (Addressee or Agent)
John M. Key

5. Received By: (Print Name)

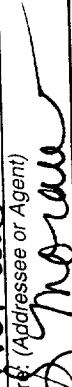
6. Signature (Addressee or Agent)

7. Date of Delivery

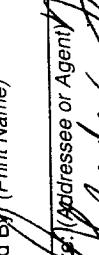
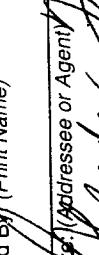
PS Form 3811, December 1994
2595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:	
<p>■ Complete items 1 and/or 2 for additional services.</p> <p>■ Complete Items 3, 4a, and 4b.</p> <p>■ Print your name and address on the reverse of this form so that we can return this card to you.</p> <p>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p>■ Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p>■ The Return Receipt will show to whom the article was delivered and the date delivered.</p>	
<p>3. Article Addressed to:</p> <p>MARY THERESA CHRISTMAS P.O. BOX 20204 ARLINGTON, TX 76006-1204</p>	
<p>4a. Article Number 2327525428</p>	
<p>4. Service Type</p> <p><input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>5. Date of Delivery MAY 17 1999</p>	
<p>6. Received By: (Print Name) JOHN J. DIAZ</p>	
<p>7. Addressee's Address (Only if requested and fee is paid)</p> <p>1100 N. SHARON AVE. AUSTIN, TX 78703</p>	
<p>8. Signature: (Addressee or Agent) X</p>	
<p>PS Form 3811, December 1994 2952-B-0229 Domestic Return Receipt</p>	

SENDER: Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MIKE FIELD 2112 INDIANA LUBBOCK, TX 79408		4. Article Number 7327525431	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery 5/10/97	
		8. Addressee's Address (Only if requested and fee is paid) W. 100. 100-0229 Domestic Return Receipt	
5. Received By: (Print Name) S. Moscau		6. Signature (Addressee or Agent) 	
PS Form #3811, December 1994			

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
		4a. Article Number 2327 525 Y30	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> COD	
		7. Date of Delivery 5-17-99	
		8. Addressee's Address (Only if requested and fee is paid) HELEN JANE CHRISTMAS, TRUSTEE OF THE HELEN JANE CHRISTMAS BARBY TRUST UNDER AGREEMENT DATED 2-14-92 P.O. BOX 425 OKARCHE, OK 74762	
9. Received By: (Print Name) Attn: [Signature]		10. Domestic Return Receipt X	

SENDER: Complete items 1 and/or 2 for additional services. □ Print your name and address on the reverse of this form so that we can return this card to you. □ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted D. Y Consult postmaster for fee.	
4. Article Addressed to: DAN FIELD P.O. BOX 1105 LOVINGTON, NM 88260		4a. Article Number 2327 525432 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 10	
5. Received By (Print Name) 		8. Addressee's Address (Only if requested and fee is paid) N.M.	
6. Signature  X			
Is your RETURN ADDRESS completed on the reverse side?			
PS Form 3811, December 1994 (Rev. 10-95) G-8-B-0229 Domestic Return Receipt			

SENDER:

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

3. Article Addressed to:

PJC LIMITED PARTNERSHIP
1409 SOUTH SUNSET
ROSWELL, NM 88201

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4. Article Number

7327525433

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery

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

5-11-99

W. LOU. 2111

PS Form 3811, December 1994

55-98-B-0229 Domestic Return Receipt

SENDER:

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

3. Article Addressed to:

RITA D. SCHENCK, KLEIN BANK,
SPRING TEXAS, AND WILLIAM CARL
SCHENCK, CO-TRUSTEES UNDER
KIRBY D. SCHENCK AND RITA D.
SCHENCK REVOCABLE TRUST
AGREEMENT DATED 10/2/91
P.O. BOX 1627
LOVINGTON, NM 88260

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4. Article Number

2327525435

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery

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

10-14-94

W. LOU. 2111

PS Form 3811, December 1994

55-98-B-0229 Domestic Return Receipt

SENDER:

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

3. Article Addressed to:

S.P. JOHNSON III AND BARBARA JO
JOHNSON, TRUSTEES OF THE S.P.
JOHNSON, II AND BARBARA JO
JOHNSON REVOCABLE TRUST UNDE
TRUST AGREEMENT DATED 1/24/85
P.O. BOX 1641
ROSWELL, NM 88202

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4. Article Number

2327525434

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery

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

8-82-1144

W. LOU. 2111

PS Form 3811, December 1994

55-98-B-0229 Domestic Return Receipt

SENDER:

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

3. Article Addressed to:

W. LOU. 2111
AMARILLO, TX 79109

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4. Article Number

2327525436

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery

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

8-82-1144

W. LOU. 2111

PS Form 3811, December 1994

55-98-B-0229 Domestic Return Receipt

SENDER:

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

3. Article Addressed to:

W. LOU. 2111
AMARILLO, TX 79109

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

1. Addressee's Address2. Restricted Delivery

Consult postmaster for fee.

4. Article Number

2327525437

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery

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

8-82-1144

W. LOU. 2111

PS Form 3811, December 1994

55-98-B-0229 Domestic Return Receipt

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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.

HUNTER WOLFLIN PUCKETT
2116 ONG
AMARILLO, TX 79109

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

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

4a. Article Number
2327525437

4b. Service Type

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

- Insured
- COD

7. Date of Delivery

5-22-99

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

Hunter W. Pucket

X Hunter W. Pucket

5. Received By: (Print Name)
Hunter W. Pucket

6. Signature: (Addressee or Agent)
Hunter W. Pucket

PS Form 3811, December 1994
W. 100. 250 0-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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.

3. Article Addressed to:

WILBUR P. DAVIS
P.O. BOX 1330
EL DORADO, AR 71731

4a. Article Number
2-327525439

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise

- Certified
- Insured
- COD

7. Date of Delivery

1-17-99

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

WILBUR P. DAVIS

5. Received By: (Print Name)
Wilbur P. Davis

6. Signature: (Addressee or Agent)
Wilbur P. Davis

PS Form 3811, December 1994
W. 100. 250 0-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

BRENDA BLACKY
498 HUDSON #3
NEW YORK, NY 10014

4a. Article Number
2-327525446

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise

- Certified
- Insured
- COD

7. Date of Delivery

1-17-99

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

BRENDA BLACKY

5. Received By: (Print Name)
BRENDA BLACKY

6. Signature: (Addressee or Agent)
BRENDA BLACKY

PS Form 3811, December 1994
W. 100. 250 0-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

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

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

4a. Article Number
2-327525439

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise

- Certified
- Insured
- COD

7. Date of Delivery

1-17-99

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

JOSEPH SHELDY PUCKETT

5. Received By: (Print Name)
JOSEPH SHELDY PUCKETT

6. Signature: (Addressee or Agent)
JOSEPH SHELDY PUCKETT

PS Form 3811, December 1994
W. 100. 250 0-B-0229 Domestic Return Receipt

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

- Addressee's Address

- Restricted Delivery

Consult postmaster for fee.

■ 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.

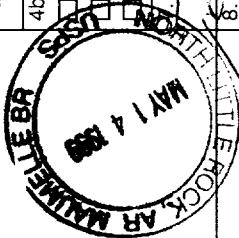
■ The Return Receipt will show to whom the article was delivered and the date delivered.

SENDER:

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.

KYLE ADDRESSED TO BERRY
#8 EDGEWATER COVE
MAUMELLE, AR 72113



4a. Article Number

2327525441

4b. Service Type

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

5. Received By: (Print Name)

Kyle Berry
5-14-94

6. Signature: (Addressee or Agent)

X

5. Received By: (Print Name)

Kyle Berry

6. Signature: (Addressee or Agent)

7. Date of Delivery

5-14-94

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

*8 Edgewater Cove
Maumelle, AR 72113*

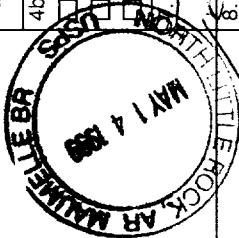
PS Form 3811, December 1994

W. (00) 21000 0229 Domestic Return Receipt

SENDER:

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

NANCY DAWKINS
P.O. BOX 7
STORY BROOK, NY 11790



4a. Article Number

2327525442

4b. Service Type

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

5. Received By: (Print Name)

Nancy Dawkins
5-14-94

6. Signature: (Addressee or Agent)

X

7. Date of Delivery

5-17-94

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

*7 Story Brook
Story Brook, NY 11790*

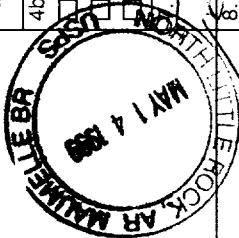
PS Form 3811, December 1994

W. (00) 21000 0229 Domestic Return Receipt

SENDER:

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

MARSHALL T. DAWKINS
P.O. BOX 1394
AMARILLO, TX 79105



4a. Article Number

2327525443

4b. Service Type

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

5. Received By: (Print Name)

Marshall Dawkins
5-10-94

6. Signature: (Addressee or Agent)

X

7. Date of Delivery

5-10-94

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

*1394 Main Street
Amarillo, TX 79105*

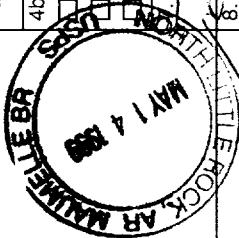
PS Form 3811, December 1994

W. (00) 21000 0229 Domestic Return Receipt

SENDER:

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

LELA DAWKINS
3401 SOUTH AUSTIN
AMARILLO, TX 79109



4a. Article Number

2327525444

4b. Service Type

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

5. Received By: (Print Name)

Lela Dawkins
5-10-94

6. Signature: (Addressee or Agent)

X

7. Date of Delivery

5-17-94

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

*3401 South Austin
Amarillo, TX 79109*

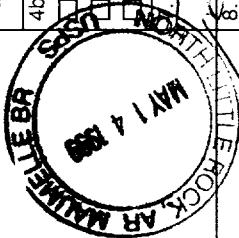
PS Form 3811, December 1994

W. (00) 21000 0229 Domestic Return Receipt

SENDER:

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

W. (00) 21000 0229 Domestic Return Receipt



4a. Article Number

2327525445

4b. Service Type

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

5. Received By: (Print Name)

W. (00) 21000 0229 Domestic Return Receipt

6. Signature: (Addressee or Agent)

X

7. Date of Delivery

5-17-94

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

W. (00) 21000 0229 Domestic Return Receipt

PS Form 3811, December 1994

W. (00) 21000 0229 Domestic Return Receipt

SENDER:

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

JOHN E. DAWKINS
#24 CALLE DEL NORTE
PLACITAS, NM 87043

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

2327 525445

4b. Service Type

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

5. Received By: (Print Name)

J. X. John Dawn

6. Signature: (Addressee or Agent)

X John Dawn

PS Form 3811, December 1994
W. CO. FORT SUMMER, NM 87011-0229
Domestic Return Receipt

SENDER:

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

2327 525447

4b. Service Type

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

7. Date of Delivery

5-12-94

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

THE TRUSTEES OF THE CHARLES
AND BEVERLY OVERTON REVOCABLE
TRUST UNDER TRUST AGREEMENT
12/15/93
P.O. BOX 32
YESO, NM 88136

PS Form 3811, December 1994
W. CO. FORT SUMMER, NM 87011-0229
Domestic Return Receipt

SENDER:

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

2327 525448

4b. Service Type

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

7. Date of Delivery

5-11-94

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

RODNEY CARTER
5977 WILLOWROSS WAY
PLANO, TX 75093

PS Form 3811, December 1994
W. CO. FORT SUMMER, NM 87011-0229
Domestic Return Receipt

SENDER:

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

3. Article Addressed to:

BEVERLY T. CARTER, TRUSTEE OF
THE POWHATTAN AND BEVERLY
T. CARTER REVOCABLE TRUST
UNDER TRUST AGREEMENT DATED
9/25/81
P.O. BOX 328
FORT SUMMER, NM 88119

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

2327 525446

4b. Service Type

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

7. Date of Delivery

5-11-94

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

Bevally Carter, Trustee

PS Form 3811, December 1994
W. CO. FORT SUMMER, NM 87011-0229
Domestic Return Receipt

SENDER:

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

4a. Article Number

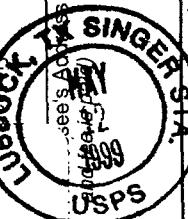
7 327 525 455

4b. Service Type

red

 Certified Insured Insured COD

; Mail

 Receipt for Merchandise COD Addressee's Address (Only if requested) and fee is paid Agent and fee is paid

PS Form 3811, December 1994

W. LOV. 2nd DRA Domestic Return Receipt

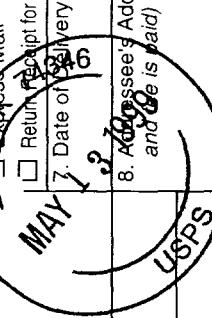
SENDER:

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

Is your RETURN ADDRESS completed on the reverse side?

7 327 525 455

4b. Service Type

 Registered Express Mail Return Receipt for Merchandise COD Insured Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1994 W. LOV. 2nd DRA Domestic Return Receipt

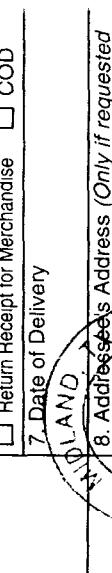
SENDER:

- 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

7 327 525 458

4b. Service Type

 Registered Express Mail Return Receipt for Merchandise COD Insured Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1994 W. LOV. 2nd DRA Domestic Return Receipt

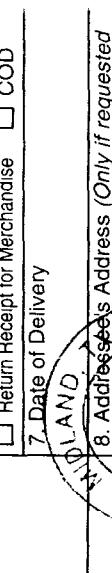
SENDER:

- 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

7 327 525 458

4b. Service Type

 Registered Express Mail Return Receipt for Merchandise COD Insured Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1994 W. LOV. 2nd DRA Domestic Return Receipt

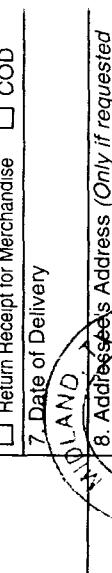
SENDER:

- 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

7 327 525 456

4b. Service Type

 Registered Express Mail Return Receipt for Merchandise COD Insured Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1994 W. LOV. 2nd DRA Domestic Return Receipt

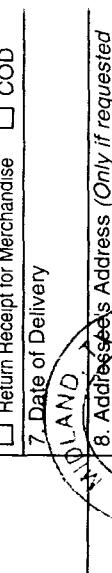
SENDER:

- 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

7 327 525 456

4b. Service Type

 Registered Express Mail Return Receipt for Merchandise COD Insured Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1994 W. LOV. 2nd DRA Domestic Return Receipt

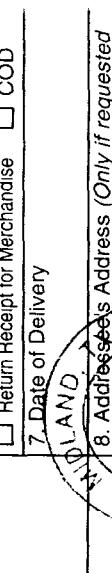
SENDER:

- 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

7 327 525 456

4b. Service Type

 Registered Express Mail Return Receipt for Merchandise COD Insured Restricted Delivery Consult postmaster for fee.

PS Form 3811, December 1994 W. LOV. 2nd DRA Domestic Return Receipt

SENDER:		Is your RETURN ADDRESS completed on the reverse side?	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. 	
3. Article Addressed to: CATHIE CONE McCOWN P.O. BOX 658 DРИPPING SPRINGS, TX 78620		4a. Article Number 2327525459	
4b. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 		5. Received By: (Print Name) X Barry Cone	
6. Signature (Addressee or Agent)		7. Date of Delivery 5-12-97	
8. Addressee's Address (Only if requested and fee is paid)		5. Received By: (Print Name) X Barry Cone	
PS Form 3811, December 1994		PS Form 3811, December 1994	
Thank you for using Return Receipt Service.		Thank you for using Return Receipt Service.	

SENDER:		Is your RETURN ADDRESS completed on the reverse side?	
<p>Complete items 1 and/or 2 for additional services.</p> <ul style="list-style-type: none"> ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. 	
3. Article Addressed to: ERNESTINE W. GILLESPIE P.O. BOX 13387 SCOTTSDALE, AZ 85267		4a. Article Number 2327525464	
4b. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 		5. Received By: (Print Name) X Ernestine W. Gillespie	
6. Signature (Addressee or Agent)		7. Date of Delivery 5-19-97	
8. Addressee's Address (Only if requested and fee is paid)		5. Received By: (Print Name) X Ernestine W. Gillespie	
PS Form 3811, December 1994		PS Form 3811, December 1994	
Thank you for using Return Receipt Service.		Thank you for using Return Receipt Service.	

SENDER:

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- Print your name and address on the reverse of this form so that we can return this card to you.

GEORGE D. ZIMMERMAN & PATRICIA
 C. ZIMMERMAN
 3808 STANOLIND
 MIDLAND, TX 79707

GEORGE D. Zimmerman

Signature:

P.O. Box 3811, December 1994
 W. CO. 2100
 PS Form 3811, 1994

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

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

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- 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.

Consult postmaster for fee.

• Complete items 1 and/or 2 for additional services.
 • 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.

Consult postmaster for fee.

4a. Article Number

2327525465

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

MAY 13 1999

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

K. H. Zimmerman
 Signature:
 X

5. Received By: (Print Name)

K. H. Zimmerman
 Signature:
 X

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

W. CO. 2100

PS 95-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

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.

Consult postmaster for fee.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

• Complete items 1 and/or 2 for additional services.
 • 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.

Consult postmaster for fee.

4a. Article Number

2327525466

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

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

K. H. Zimmerman
 Signature:
 X

5. Received By: (Print Name)

K. H. Zimmerman
 Signature:
 X

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

W. CO. 2100

PS 95-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- 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.

Consult postmaster for fee.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

• Complete items 1 and/or 2 for additional services.
 • 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.

Consult postmaster for fee.

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

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- 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.

Consult postmaster for fee.

• Complete items 1 and/or 2 for additional services.
 • 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.

Consult postmaster for fee.

4a. Article Number

2327525467

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

MAY 11 1999

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

K. H. Zimmerman
 Signature:
 X

5. Received By: (Print Name)

K. H. Zimmerman
 Signature:
 X

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

W. CO. 2100

PS 95-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

Is your RETURN ADDRESS completed on the reverse side?

- Complete items 1 and/or 2 for additional services.
- 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.

Consult postmaster for fee.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

• Complete items 1 and/or 2 for additional services.
 • 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.

Consult postmaster for fee.

• Complete items 3, 4a, and 4b.

• Print your name and address on the reverse of this form so that we can return this card to you.

• 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.

Consult postmaster for fee.

4a. Article Number

2327525468

4b. Service Type

- Certified
 Registered
 Express Mail
 Return Receipt for Merchandise
 COD

7. Date of Delivery

May 11 1999

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

K. H. Zimmerman
 Signature:
 X

5. Received By: (Print Name)

K. H. Zimmerman
 Signature:
 X

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

W. CO. 2100

PS 95-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- 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:

ATTN: LAND DEPARTMENT
CANNON EXPLORATION COMPANY
3608 SCR 1184
MIDLAND, TX 79701

PS Form 3811, December 1994

5. Received By: (Print Name)
Todd M. Jackson
6. Signature: (Addressee or Agent)
X Todd M. Jackson

7. Date of Delivery
05/11/99

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

9. Article Number
2327 525470

PS Form 3811, December 1994

W. AND 100-0229 Domestic Return Receipt

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

✓

Thank you for using Return Receipt Service.

SENDER:

- 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:

ATTN: LAND DEPARTMENT
HOLL YHOCK CORPORATION
3907 CRESTGATE
MIDLAND, TX 79707

PS Form 3811, December 1994

W. AND 100-0229 Domestic Return Receipt

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

1. Complete items 3, 4a, and 4b.
2. Registered
3. Express Mail
4. Return Receipt for Merchandise
5. Certified
6. Insured
7. COD

Consult postmaster for fee.

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

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:

JAMES H. GARNER
P.O. BOX 841
LOVINGTON, NM 88260-0841

PS Form 3811, December 1994

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

7. Date of Delivery
11-04-99

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

9. Article Number
2327 525471

PS Form 3811, December 1994

W. AND 100-0229 Domestic Return Receipt

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

1. Complete items 3, 4a, and 4b.
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

- 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.

Consult postmaster for fee.

4a. Article Number

2327 525473

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

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2327 525472

4b. Service Type

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- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery
5-11-99

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2327 525472

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

7. Date of Delivery
5-11-99

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- Express Mail
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- COD

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5-11-99

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2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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- Insured
- COD

7. Date of Delivery
5-11-99

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2327 525472

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- Certified
- Insured
- COD

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5-11-99

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

7. Date of Delivery
5-11-99

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4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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

7. Date of Delivery
5-11-99

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

4a. Article Number

2327 525472

4b. Service Type

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.

EDWEL B. NEFF, JR.
403 TIERRA BERRENDA
ROSWELL, NM 88201

4a. Article Number
7327525474

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

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.

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:

W Vicki w
1018 W Spring
WAPAK OH
45891

4a. Article Number

7329525415

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5/15/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Vicki w

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, April 1995

BOBBIE ANN DOW LOGAN
P.O. BOX 128
CARLSBAD, NM 88220

Postmark or Date

W. CO. 2nd 5-7-99

\$
\$
\$
\$
\$
\$
\$
\$
\$

Code

national Mail (See reverse)

Certified Mail

Z 327 525 361

W. CO. 2nd 5-7-99

\$
\$
\$
\$
\$
\$
\$
\$
\$

Code

national Mail (See reverse)

Certified Mail

Z 327 525 335

PS Form 3800, April 1995

BRETT K. BRACKEN
5107 BELAIRE
MIDLAND, TX 79703

Postmark or Date

W. CO. 2nd 5-7-99

\$
\$
\$
\$
\$
\$
\$
\$
\$

Code

national Mail (See reverse)

Certified Mail

Z 327 525 299

PS Form 3800, April 1995

JAMES L. DOW
P.O. BOX 128
CARLSBAD, NM 88220

PS Form 3800, April 1995

W. CO. 2nd 5-7-99

\$
\$
\$
\$
\$
\$
\$
\$
\$

Code

US Postal Service
Receipt for Certified Mail

US Postal Service

No Insurance Coverage Provided.

Range Provided.

National Mail (See reverse)

Z 327 525 360

PS Form 3800, April 1995

BILLIE GARRETT LYTHE
BILLIE COUNTY ROAD EAST
24466 CORTEZ, CO 81321

W. CO. 2nd 5-7-99

\$
\$
\$
\$
\$
\$
\$
\$
\$

Code

US Postal Service
Receipt for Certified Mail

US Postal Service

No Insurance Coverage Provided.

Range Provided.

National Mail (See reverse)

Z 327 525 299

PS Form 3800, April 1995

BILL MATHIS & BETTY LOU MATHIS
1407 COMMUNITY LANE
MIDLAND, TX 79701

Postmark or Date
TOTAL Postage & Fees

W.COU.2nd 5-7-99

\$ 7.89

Postmark or Date
TOTAL Postage & Fees

\$ 7.89

dom.	\$ 7.89
int'l.	\$ 7.89
air	\$ 7.89
exp.	\$ 7.89
total	\$ 7.89

Domestic Mail (See reverse)

Foreign Mail (See reverse)

US Postal Service

Z 327 525 408

PS Form 3800, April 1995

NORMA BOYD HEIR OF ROSE
BOYD
2121 73RD STREET
LUBBOCK, TX 79423

Postmark or Date

W.COU.2nd 5-7-99

\$

dom.	\$
int'l.	\$
air	\$
exp.	\$
total	\$

Domestic Mail (See reverse)

Foreign Mail (See reverse)

US Postal Service

Z 327 525 382

PS Form 3800, April 1995

Postmark or Date

BARBARA GAIL YOUNG
6719 AVENUE B
BELLAIRE, TX 77401

Postmark or Date

ELLEN B. SCHWEITHELM
P.O. BOX 6716
SAN ANTONIO, TX 78209-6716

Postmark or Date

ELLEN B. SCHWEITHELM
P.O. BOX 6716
SAN ANTONIO, TX 78209-6716

ELLEN B. SCHWEITHELM
P.O. BOX 6716
SAN ANTONIO, TX 78209-6716

Receipt for Certified Mail
US Postal Service

Z 327 525 364

Receipt for Certified Mail
US Postal Service

Z 327 525 384

PS Form 38

PENELOPE LOUISE HOLCOMB
1122 READING DRIVE
ACWORTH, GA 30101

Postmark or Date		ED 23 22 21 20 19 18 17 16 15 14 13 12 11 10 09 08 07 06 05 04 03 02 01
Code	\$	14
Normal Mail (See reverse)		
3 Provided.		
US Postal Service		

Z 224 509 570

Delivery & Certified Mail
If Provided.
US Postal Service

Z 327 525 476

PS Form 3800, April 1995	
Postmark or Date	
W. LCU. 2ND CLASS 5-7-94	
Code	\$
Normal Mail (See reverse)	
3 Provided.	
US Postal Service	

MR. EARL CUNNINGHAM
DISTRICT MANAGER
BUREAU OF LAND MANAGEMENT
P.O. BOX 1397
ROSWELL, NM 88201

Subj: Re: [REDACTED] - [REDACTED]

1414 Marion Street, Suite 80234
Kosciusko, MS 39090

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 224 509 572

First Class Mail

MAIL

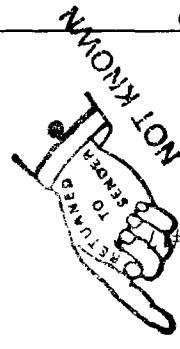
ILLEGIBLE

RICKIE DON THOMPSON
1600 W. PERSIMMON ST., #17
ROGERS, AR 72756-334

PS Form 3811, December 1994

X

6. Signature: (Addressee or Agent)



4a. Article Number Z 224 509 572	
4b. Service Type <input checked="" type="checkbox"/> Certified	
4c. Address 1600 W. PERSIMMON ST., #17 ROGERS, AR 72756-334	
5. Extra fee: Followings services (for an extra fee): • Complete items 3, 4a, and 4b. • Print your name and address on the reverse of this form so that we can return this card to you. • Addressee's Address • Extra fee: • Consult postmaster for fee.	
6. Date of Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input type="checkbox"/> Certified	
7. Signature: (Addressee or Agent) [Signature]	
8. Addressee's Address (Only if requested) RICKIE DON THOMPSON 1600 W. PERSIMMON ST., #17 ROGERS, AR 72756-334	
9. Domestic Return Receipt 102595-92-B-AWZ	

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



DENVER
CO.
MAY 7 99

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

2 327 525 286

First Class Mail

MAIL

Thank you for using Return Receipt Service.

3. Article Addressed to:	
DAVID GRAHAM MCDONALD 5513 AURORA AVENUE, #12 DES MOINES, IA 50310-231	
4a. Article Number Z327525 286	
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured	
5. Received By: (Print Name) X	
6. Signature: (Addressee or Agent)	
7. Date of Delivery	
8. Addressee's Address (Only if requested) and fee is paid	
9. Domestic Return Receipt Requested 02595-96-B-0229	

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

5. Complete items 3, 4a, and 4b.
6. Your RETURN ADDRESS completed on the reverse side.

*NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD*



Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 318

MAIL

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

First Class Mail

Is your RETURN ADDRESS committed on the reverse side?

SENDER:

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

3. Article Addressed to:

KEVIN L. & PATRICIA WIDNER
2510 CULPEPPER
MIDLAND, TX 79705

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number

2327 525 318

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

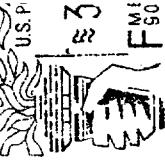
7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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



DENVER
MAY 7 98
00

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

CERTIFIED

Z 3227 525 41B

MAIL

First Class Mail

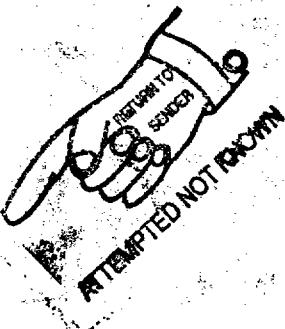
Thank you for using Return Receipt Service.

3. Article Addressed to: ARLINE P. SCHREIBER 5622 SHERATON OAKS HOUSTON, TX 77091	
4a. Article Number 7327 525 416	
4b. Service Type Consult postmaster for fee.	
5. Received By: (Print Name) X	
6. Signature: (Addressee or Agent)	
7. Date of Delivery	
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
8. Addressee's Address (Only if requested and fee is paid)	
ARLINE P. SCHREIBER 5622 SHERATON OAKS HOUSTON, TX 77091 <i>PH 713/525-416</i>	
PS Form 3811, December 1994 GSA GEN. REG. NO. 98-B-0229 Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Fold at line over top of envelope to
the right of the return address





DE
DENVER
MAY 7 98
CO

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

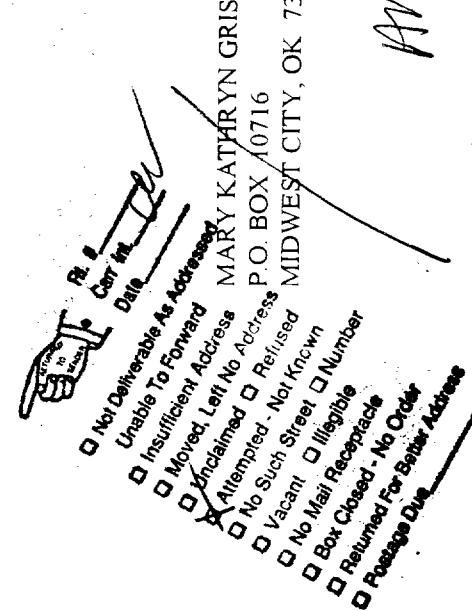
CERTIFIED

2 327 525 452

MAIL

First Class Mail

Name MARY KATHRYN GRISSE
1st Notice MAY 11
2nd Notice _____
Return _____



PS Form 3811, December 1994		W, OCL, J	Domestic Return Receipt
Address E-022			
Is your RETURN ADDRESS completed on the reverse side?			
<p>2 Article Address MARY KATHRYN GRISSE P.O. BOX 10716 MIDWEST CITY, OK 73110</p> <p>4a. Article Number <u>2327 5254</u></p> <p>4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery <input type="checkbox"/> Consult postmaster for fee.</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>5. Received By: (Print Name) X</p> <p>6. Signature: (Addressee or Agent)</p>			
<p>Complete items 1 and/or 2 for additional services</p> <p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery 3. <input type="checkbox"/> Return Receipt will show to whom the article was delivered and the date it arrived 4. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you.</p> <p>Attach this form to the front of the mailpiece, or on the back if space does not permit. "Return Receipt Requested" on the mailpiece below the article was delivered and the date it arrived.</p> <p>The Return Receipt will show to whom the article was delivered and the date it arrived.</p> <p>Write "Return Receipt Requested" on the mailpiece below the article was delivered and the date it arrived.</p>			



3.42
MAY 7 98
CO

First Class Mc

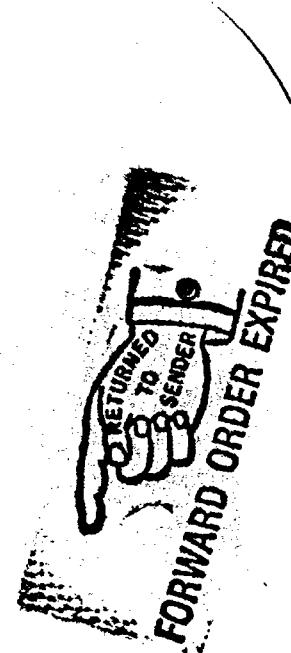
MAIL

CERTIFIED

2 327 525 126

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address



PATRICK J CESARANO
REVOCABLE TRUST
STATION 701
2100 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FOE

SENDER:		Article Addressed to:	
1. Also wish to receive the following services (for an extra fee): Print your name and address on the reverse of this form so that we can return this card to you.		2. Addressee's Address Attn: Return Receipt Requested, or on the back if space does not permit. Return Receipt will show to whom the article was delivered and the date delivered.	
3. Article Addressed to: PATRICK J CESARANO REVOCABLE TRUST STATION 701 2100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		4a. Article Number 2-327525726 4b. Service Type Certified	
5. Received By: (Print Name)		6. Signature: (Addressee or Agent) X	
7. Date of Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified		8. Addressee's Address (Only if requested) and fee is paid)	
PS Form 3811, December 1994 U.S. MAIL 1799-B-0229 Domestic Return Receipt			

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Fold at line over top of envelope to
the right of the return address

UnitSource Incorporated
111184 Huron Street, Suite 16
Denver, Colorado 80234

CERTIFIED

Z 327 525 492

MAIL

Fill



DENVER

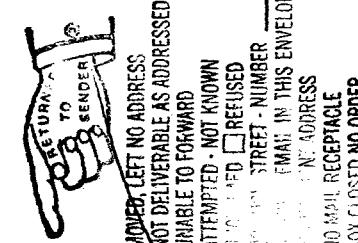
MAY 7 1998

Thank you for using Return Receipt Service.

1. Also wish to receive the following services (for an extra fee):	
2. <input type="checkbox"/> Addressee's Address	
3. Article Addressed to: THEORA CALVERLY, AKA ZELLA JEAN HESTER, IND EXEC. NORMA P.O. BOX 38 GARDEN CITY, TX 79739	
4a. Article Number Z 327 525 492	
4b. Service Type Consult postmaster for fee.	
5. Received By: (Print Name) THEORA CALVERLY, DEC., NORMA JEAN HESTER, IND. EXEC. NORMA Certified <input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent)	
7. Date of Delivery <input type="checkbox"/> Consult postmaster for fee.	
8. Addressee's Address (Only if requested) and fee is paid)	
PS Form 3811, December 1994 U. S. Postage 6595-98-B-0229 Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:



MOVED, LEFT NO ADDRESS
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD
 ATTEMPTED - NOT KNOWN
 DELIVERED REFUSED
STREET NUMBER _____
EMAIL IN THIS ENVELOPE
 NO MAIL RECEIPT
BOX CLOSED NO ORDER

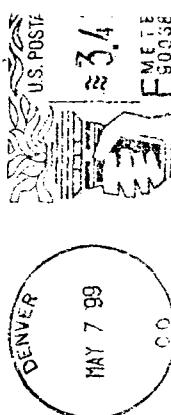
UnitSource Incorporated
11184 Huron Street, Suite 10
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 405

MAIL



Thank you for using Return Receipt Service.

First Class Mail

3. Article Addressed to: MARY RUTH McCRARY & WILLIAM THOMAS REED, IND. EXECUTORS OF THE ESTATE OF J.L. REED, DEC. P.O. BOX 444 LOVINGTON, NM 88260	
4a. Article Number Z327 S25 405	
4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured	
5. Received By: (Print Name) X	
6. Signature: (Addressee or Agent) C. CO AND	
7. Date of Delivery and fee is paid)	
8. Addressee's Address (Only if requested)	

PS Form 3811, December 1994 0295-98-6-0229 Domestic Return Receipt

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

- Complete items 1 and/or 2 for additional services.
- 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. Return Receipt will show to whom the article was delivered and the date delivered.
- The Return Receipt will show the article number below the article number.
- Print "Return Receipt Requested" on the mailpiece before we affix the postage.
- Complete items 3, 4a, and 4b on the front of the mailpiece, or on the back if space does not permit.
- Print "Wish to receive the following services (for an extra fee):"
- 1. Addressee's Address
- 2. Restricted Delivery
- 3. Consult postmaster for fee.

SENDER:

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 130

MAIL

First Class Mail

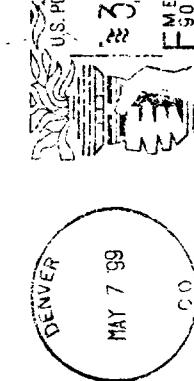
Thank you for using Return Receipt Service.

1. Article Addressed to: SUZANNE M. CHAMBERS MARGOT S. M. CHAMBERS 2332 S. 34TH STREET ABILENE, TX 79602	
2. Addressee's Address Consult postmaster for fee. Delivery The Return Receipt will show to whom the article was delivered and the date permits "Return Receipt Requested" on the back of the article number and the name of the addressee.	
3. Article Addressed to: SUZANNE M. CHAMBERS MARGOT S. M. CHAMBERS 2332 S. 34TH STREET ABILENE, TX 79602	
4a. Article Number 2327525130	
4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured	
5. Received By: (Print Name) SUZANNE M. CHAMBERS	
6. Signature: (Addressee or Agent) 	
7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)	
SUSANNE M. CHAMBERS MARGOT S. M. CHAMBERS 2332 S. 34TH STREET ABILENE, TX 79602	

Is your RETURN AD

on the reverse side?

SENDER:



DENVER

MAY 7 99

CO



MAY 7 99

DENVER
COFold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 302

UnitSource Incorporated
 1184 Huron Street, Suite 10
 Denver, Colorado 80234

MAIL

First Class Mail

Thank you for using Return Receipt Service.

3. Article Addressed To: ELAINE G. & MILTON KRASNE 9821 SEWARD STREET	
4a. Article Number: Z327S2S302	
4b. Service Type: 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery 3. <input type="checkbox"/> Consulst postmaster for fee.	
5. Received By: (Print Name) John Doe	
6. Signature: (Addressee or Agent) X	
7. Date of Delivery	
8. Addressee's Address (Only if requested) 1200 Huron Co. 80218	
PS Form 3811, December 1994 UCC-2 102-029-0229 Domestic Return Receipt	

SENDER: **Elaine G. & Milton Krasne**
 9821 Seward Street
 Omaha, NE 68114

RECEIVER: **John Doe**
 1200 Huron Co. 80218

NOT DELIVERABLE AS ADDRESSEED
 UNABLE TO FORWARD

U.S. POSTAGE
 FIVE CENTS
 1994

Is your RETURN ADDRESS completed on the reverse side?

UnitSource Incorporated
11844 Front Street, Suite 1
Denver, Colorado 80234
1994

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3
10

CERTIFIED

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1999

三

MAIL



*Fold at line over top of envelope to
the right of the return address*

First class M

Return Receipt Service

I ALSO wish to receive the following services (for an extra fee):		Complete items 1 and/or 2 for additional services.	
Card to you. Follow the reverse of this form so that we can return this card to you.		At this time to the front of the mailpiece, or on the back if space does not permit.	
1. <input type="checkbox"/> Addressee's Address		2. <input type="checkbox"/> Restricted Delivery	
Consult postmaster for fee.		The Return Receipt will show to whom the mailpiece was delivered and the date delivered.	
4a. Article Number Z33732549		P.HILLIP E. CARR P.O. BOX 13387 SCOTTSDALE, AZ 85267	
4b. Service Type		<input type="checkbox"/> Registered <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> COD	
7. Date of Delivery			
8. Addressee's Address (Only if requested)		9. Received By: (Print Name) John Doe 102-999-A-0229	
		10. Signature: (Addressee or Agent)	
		X	

Is your RETURN ADDRESS completed on the reverse side?



DENVER
MAY 7 98
CO

UnitSource Incorporated
11184 Huron Street, Suite 10
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 429

MAIL

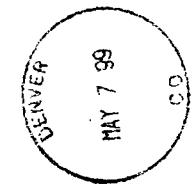
First Class Mail

Thank you for using Return Receipt Service.

1. Also wish to receive the following services (for an extra fee):		2. Addressee's Address		3. Article Addressee to:	
Follow your name and address on the reverse of this form so that we can return this card to you.		1. Addressee's Address 2. □ Restricted Delivery 3. □ Return Receipt will show to whom the article was delivered and the date 4. Article Type 5. Received By: (Print Name)		6. Signature: (Addressee or Agent) X	
Follow your name and address on the reverse of this form so that we can return this card to you.		6. Addressee's Address (Only if requested) 7. Date of Delivery 8. Addressee's Address (Only if requested) and fee is paid)		PS Form 3811, December 1994 0099-98-B-0229 Domestic Return Receipt	
Complete items 1 and/or 2 for additional services.		1. Addressee's Address 2. □ Restricted Delivery 3. □ Return Receipt will show to whom the article was delivered and the date 4. Article Type 5. Received By: (Print Name)		CANDY CHRISTMAS ALEWINER P.O. BOX 64278 LUBBOCK, TX 79464 CANDY CHRISTMAS ALEWINER 2327 SAS 42A	
Follow your name and address on the reverse of this form so that we can return this card to you.		6. Addressee's Address (Only if requested) 7. Date of Delivery 8. Addressee's Address (Only if requested) and fee is paid)		CANDY CHRISTMAS ALEWINER P.O. BOX 64278 LUBBOCK, TX 79464 CANDY CHRISTMAS ALEWINER 2327 SAS 42A	

Is your RETURN ADDRESS completed on the reverse side?

CHARGEABLE AS ADDRESSED
FORWARDING ORDER ENDS



First Class Mail

Joint Source Incorporated
184 Huron Street, Suite 16
Denver, Colorado 80234

CERTIFIED

7 327 525 394

MAIL

Thank you for using Return Receipt Service.

1. Addressee's Address Gary Nelson Joiner 2020 Cedarwood Bryan, TX 77807	2. Resticted Delivery <input type="checkbox"/> Restricted Postmaster for fee. <input type="checkbox"/> Restricted Delivery to whom the article was delivered and the article was delivered to the front of the mailpiece, or on the back if space does not permit.	3. Article Number 2327 S25394	4. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	5. Received By: (Print Name) W. CO 244-0229 Domestic Return Receipt PS Form 3811, December 1994	6. Signature: (Addressee or Agent) X
7. Date of Delivery And fee is paid)					
8. Addressee's Address (Only if requested)					
GARY NELSON JOINER 2020 CEDARWOOD BRYAN, TX 77807					
9. Comments: RECEIVED MAY 11 1994 MAILED TO SENDER FORWARDING ORDER EXPIRED					

Is your RETURN ADDRESS completed on the reverse?



MAY 7 98

5003805

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 390

MAIL

bitSource Incorporated
184 Huron Street, Suite 16
Ave, Colorado 80224

First Class Mail

Thank you for using Return Receipt Service.

1. <input type="checkbox"/> Addressee's Address	2. <input type="checkbox"/> Restricted Delivery	3. <input type="checkbox"/> Write Return Receipt if space does not permit. Return Receipt will show to whom the article was delivered and the date delivered.
4a. Article Number	4b. Service Type	5. Received By: (Print Name)
2387525390		6. Signature: (Addressee or Agent)
CHESTER A. BEADLE & MARGARET BEADLE 1104 NORTH 8TH STREET CARLSBAD, NM 88220		7. Date of Delivery
		<input type="checkbox"/> Return Receipt for Merchant <input type="checkbox"/> COD
		<input type="checkbox"/> Express Mail <input type="checkbox"/> Insured
		<input checked="" type="checkbox"/> Certified
extra fee):		8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994
102594 Rev. 2/24/92 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse

- Not Delivered As Addressed
- Unable To Forward
- Incomplete Address
- Moved, Left No Address
- Unsigned - No Name
- No Such Person
- No Mail Received
- Box Closed - No Order
- Pending/Order Expired



DENVER
MAY 7 99
CO

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

2 327 525 377

MAIL

First Class Mail

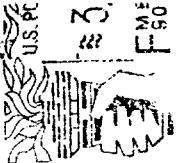
REURNED TO SENDER
ATTEMPTED, NOT KNOWN

3. Article Addressee'd to:	
THOMAS W. BOYD HEIR OF ROSE	
P.O. BOX 270	
LUBBOCK, TX 79414	
4a. Article Number 2327525327	
4b. Service Type Certified	
5. Received By: (Print Name) X	
6. Signature: (Addressee or Agent)	
7. Date of Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified	
8. Addressee's Address (Only if requested) and fee is paid)	
9. Article Addressee'd from: THOMAS W. BOYD HEIR OF ROSE	
10. Address of Sender THOMAS W. BOYD HEIR OF ROSE	
11. Signature of Sender B-0 S/E/10 (1ST NOTICE)	
12. Signature of Recipient (2ND NOTICE)	
13. Signature of Addressee (RETURN)	

PS Form 3811, December 1994
MAY 1994
Domestic Return Receipt

14. Complete items 1 and/or 2 for additional services
I also wish to receive the following services (for an extra fee):
Follow your name and address on the reverse of this form so that we can return this card to you.
Print your name 3, 4a, and 4b.
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 was delivered and the date delivered.
Complete items 1 and/or 2 for additional services on the reverse side of this form so that we can return this card to you.

15. Complete items 1 and/or 2 for additional services
Sendee: _____
Your RETURN ADDRESS completed on the reverse side.



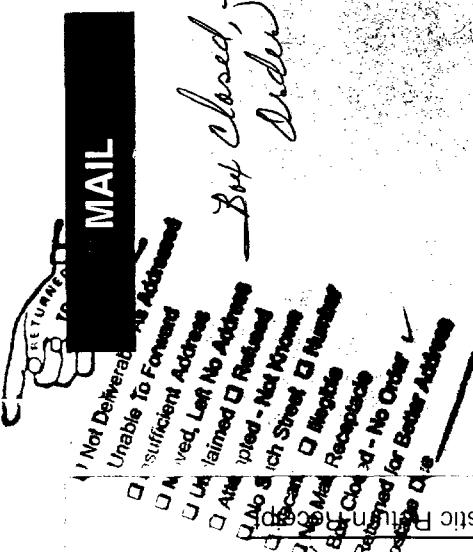
DENVER
MAY 7 98
CO

First Class M.

Fold at line over top of envelope to
the right of the return address

CERTIFIED

7 327 525 367



UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Thank you for using Return Receipt Service.

3. Article Addressed to:	
SHIRELY MADELEY P.O. BOX 248 BALMORHEA, TX 79718	
4a. Article Number 2327 525 367	
4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured	
5. Received By: (Print Name) X	
6. Signature: (Addressee or Agent)	
7. Date of Delivery	
8. Addressee's Address (Only if requested) and fee is paid)	
9. Received By: (Print Name) X	
10. Addressee's Address extra fee): I also wish to receive the following services (for an extra fee): Complete items 1 and/or 2 for additional services. Print your name and address on the reverse of this form so that we can return this card to you After 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.	

SENDER: ■ Complete items 1 and/or 2 for additional services.
■ Print your name and address on the reverse of this form so that we can return this
card to you
After 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.



MAY 7 98

CO.

Fold at line over top of envelope to

the right of the return address

CERTIFIED

Z 327 525 469

MAIL

Unit Source Incorporated
111184 Huron Street, Suite 16
Denver, Colorado 80234

First Class Mc

Thank you for using Return Receipt Service.

SENDER: 1. Also wish to receive the following services (for an extra fee). 2. <input type="checkbox"/> Addressee's Address 3. Article Number 4a. Article Type 4b. Service Type 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X 7. Date of Delivery 8. Addressee's Address (Only if requested) 9. And fee is paid)		PS Form 3811, December 1994 1025-0006-0229 Domestic Return Receipt MCD 00000000000000000000000000000000
3. Article Address ATTN: LAND DEPARTMENT PATHFINDER EXPLORATION COMPANY 4306 CRESTGATE MIDLAND, TX 79707		
1. Print your name and address on the reverse of this form so that we can return this card to you. 2. <input type="checkbox"/> Restricted Delivery 3. <input type="checkbox"/> Return Receipt will show to whom the article was delivered and the date it arrived. 4. <input type="checkbox"/> Express Mail 5. <input type="checkbox"/> Registered 6. <input checked="" type="checkbox"/> Certified 7. <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 8. <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured 9. <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		
Consult postmaster for fee. The Return Receipt will show to whom the article was delivered below the article number. Please print clearly. Complete items 3, 4a, and 4b. Complete items 1 and/or 2 for additional services. 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 it arrived. Please print clearly. 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 it arrived. Please print clearly.		

Is your RETURN ADDRESS completed on the reverse side?



ATTN: LAND DEPARTMENT
 PATHFINDER EXPLORATION
 COMPANY
 4306 CRESTGATE
 MIDLAND, TX 79707

John



CO
MAY 7 99

UnitSource Incorporated
1184 Huron Street, Suite 16
Denver, Colorado 80234

CERTIFIED

Z 327 525 409

MAIL

First Class Mail

C-20

ATTEMPTED NOT KNOWN REFUSED
 ILLEGIBLE OUTSIDE ADD.
 NO SUCH # NO MAIL DELIVERY LIMITS
 FWD. ORDER EXPIRED IN DISPUTE
 INSUFFICIENT ADDRESS INCEPTACLE
 NO SUCH STREET NO UNCLAIMED
 NO SUCH OFFICE

JOYCE ANN BROWN SANDERS, JOYCE
 CHRISTMAS BROWN
 909 NORTH ALAMEDA
 LAS CRUCES, NM 88001

1ST NOTICE _____
 2ND NOTICE _____
 RETURN _____

3. Article Addressed to JOYCE ANN BROWN SANDERS, JOYCE		4a. Article Number 2327 525 104	5. Recipient By: (Print Name) <i>X</i>	
6. Signature: (Addressee or Agent)				
7. Date of Delivery				
8. Addressee's Address (Only if requested)				
Thank you for using Return Receipt Service.				
PS Form 3811, December 1994 M-1994-8-0229 Domestic Return Receipt Is your RETURN ADDRESS completed on the reverse side?				
1. I also wish to receive the following services (for an extra fee). a. Complete items 3, 4a, and 4b. b. Print your name and address on the reverse of this form so that we can return this card to you. c. Complete items 1 and/or 2 for additional services. d. Complete items 3, 4a, and 4b. e. Return Receipt will show to whom the article was delivered and the date it was received. f. Article Addressed to the front of the mailpiece, or on the back if space does not permit. g. Article Addressed to the front of the mailpiece, or on the back if space does not permit. h. Article Addressed to the front of the mailpiece, or on the back if space does not permit. i. Article Addressed to the front of the mailpiece, or on the back if space does not permit. j. Article Addressed to the front of the mailpiece, or on the back if space does not permit. k. Article Addressed to the front of the mailpiece, or on the back if space does not permit. l. Article Addressed to the front of the mailpiece, or on the back if space does not permit. m. Article Addressed to the front of the mailpiece, or on the back if space does not permit. n. Article Addressed to the front of the mailpiece, or on the back if space does not permit. o. Article Addressed to the front of the mailpiece, or on the back if space does not permit. p. Article Addressed to the front of the mailpiece, or on the back if space does not permit. q. Article Addressed to the front of the mailpiece, or on the back if space does not permit. r. Article Addressed to the front of the mailpiece, or on the back if space does not permit. s. Article Addressed to the front of the mailpiece, or on the back if space does not permit. t. Article Addressed to the front of the mailpiece, or on the back if space does not permit. u. Article Addressed to the front of the mailpiece, or on the back if space does not permit. v. Article Addressed to the front of the mailpiece, or on the back if space does not permit. w. Article Addressed to the front of the mailpiece, or on the back if space does not permit. x. Article Addressed to the front of the mailpiece, or on the back if space does not permit. y. Article Addressed to the front of the mailpiece, or on the back if space does not permit. z. Article Addressed to the front of the mailpiece, or on the back if space does not permit.				

Cintasource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

CERTIFIED

2 327 525 460

MAIL

Fir:

Thank you for using Return Receipt Service.

1. Also wish to receive the following services (for an extra fee):	
Print your name and address on the reverse of this form so that we can return this card to you.	
Complete items 3, 4a, and 4b.	
Complete items 1 and/or 2 for additional services.	
Card to front of envelope.	
Attract this form to the front of the envelope, or on the back if space does not permit. Return Receipt Requested on the envelope was delivered and the date delivered.	
2. Addressee's Address	
3. Article Addressed to: BILL Y W. ROBINSON 1123 NORTH GILA HOBBS, NM 88240	
4a. Article Number 232735460	
4b. Service Type	
□ Registered □ Express Mail □ Certified □ Return Receipt for Merchandise □ Insured □ COD	
7. Date of Delivery 5-11-99	
8. Addressee's Address (Only if requested and fee is paid)	
5. Received By: (Print Name) <i>[Signature]</i>	
6. Signature: (Addresser or Agent) <i>[Signature]</i>	
PS Form 3811, December 1994 10250-9-B-029 Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

BILL Y W. ROBINSON
1123 NORTH GILA
HOBBS, NM 88240

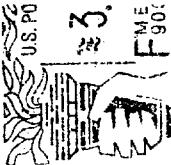
BILL Y W. ROBINSON
1123 NORTH GILA
HOBBS, NM 88240

SENDER:

3/17

CHUCK MCGEE

MAY 7 99



UnitSource Incorporated
11184 Huron Street, Suite 10
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 410

MAIL

First Class M

SENDER:		RECIPIENT:	
Complete items 1 and/or 2 for additional services.		Print your name and address on the reverse of this form so that we can return this card to you.	
I also wish to receive the following services (for an extra fee):		Attach this form to the front of the mailpiece, or on the back if space does not permit. Return Receipt will show to whom the article was delivered and the date.	
1. <input type="checkbox"/> Addressee's Address		2. <input type="checkbox"/> Restricted Delivery	
4a. Article Number 2327525410		4b. Service Type Certified	
4c. Article Number 263077TH STREET LUBBOCK, TX 79423		5. Received By: (Print Name) SANDRA LEE PONDER BARBEE	
6. Signature: (Addressee or Agent) <i>Sandra Lee Ponder Barbbee</i>		7. Date of Delivery <input type="checkbox"/> Return Receipt for Merchant <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified	
8. Addressee's Address (Only if requested and fee is paid)		9. Signature: (Address or Agent) <i>B-13-99</i>	
PS Form 3811, December 1994 G-100-346 04-95-029 Domestic Return Receipt			

Thank you for using Return Receipt Service.

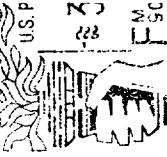
Is your **RETURN ADDRESS** completed on the reverse side?

On 2/27/98

RECEIVED CERTIFIED NOT KNOWN

SANDRA LEE PONDER BARBEE
2630 77TH STREET
LUBBOCK, TX 79423

ATTEMPTED NOT KNOWN



Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 E 8 E

MAIL

UnitSource Incorporated
1184 Huron Street, Suite 10
Denver, Colorado 80234

First Class M

Thank you for using Return Receipt Service.

1. <input type="checkbox"/> Addressee's Address 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.	
2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. number the date extra fee): I also wish to receive the following services (for an extra fee):	
4a Article Number 23A75AS 383	
4b Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input type="checkbox"/> Insured	
5. Received By: (Print Name) JOE BOYD HEIR OF ROSE BOYD P.O. BOX 270 LUBBOCK, TX 79414	
6. Addressee's Address (Only if requested and fee is paid) 102295700229 Domestic Return Receipt	
7. Date of Delivery X	
8. Addressee's Address (Only if requested and fee is paid) 102295700229 Domestic Return Receipt	
9. Signature: (Addressee or Agent)	

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

JOE BOYD HEIR OF ROSE BOYD
P.O. BOX 270
LUBBOCK, TX 79414
68



NO SUCH ADDRESS

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 327 525 392

MAIL

First Class M

MAY 7 99
CO

Thank you for using Return Receipt Service.

3. Article Addressed to:	
THELMA EVA GORNEY 3808 ALDERWOOD EL PASO, TX 79927	
4a. Article Number 2327525392	
4b. Service Type Consult Postmaster for fee.	
5. Received By: (Print Name) <input checked="" type="checkbox"/> Certified	
6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> THELMA EVA GORNEY	
7. Date of Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
8. Addressee's Address (Only if requested and fee is paid) 3808 ALDERWOOD EL PASO, TX 79927	
9. Domestic Return Receipt PS Form 3811, December 1994	

Complete Items 3 and/or 4b for additional services.
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.
The Return Receipt will show to whom the article was delivered and the date
delivered.
Print "Return Receipt Requested" on the mailpiece below where article number
is printed.

Also wish to receive the
following services (for an
extra fee):
1. Addressee's Address
2. Restricted Delivery
3. Consult Postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

UnitSource Incorporated
11184 Huron Street, Suite 16
Denver, Colorado 80234

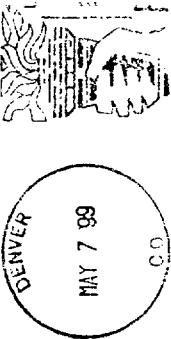
Fold at line over top of envelope to
the right of the return address

CERTIFIED

2 327 525 451

MAIL

First Class



SENDER:		RECIPIENT:	
FIRST NATIONAL BANK AND TRUST COMPANY OF OKLAHOMA CITY, TRUSTEE UNDER TRUST AGREEMENT DATED 12/8/66 FOR THE GRISSO FAMILY TRUST P.O. BOX 25189 LAS CRUCES, NM 88004		W. CO. 1025 S. 2nd Street Domestic Return Receipt	
<p>■ Complete items 1 and/or 2 for additional services.</p> <p>1. Also wish to receive the following services (for an extra fee):</p> <p>2. Addressee's Address</p> <p>3. Addressee's Address</p> <p>4. Service Type</p> <p>4a. Article Number</p> <p>4b. Service Fee</p> <p>5. Received By: (Print Name)</p> <p>6. Signature: (Addressee or Agent)</p> <p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>			
<p>1. Also wish to receive the following services (for an extra fee):</p> <p>2. Addressee's Address</p> <p>3. Addressee's Address</p> <p>4. Service Type</p> <p>4a. Article Number</p> <p>4b. Service Fee</p> <p>5. Received By: (Print Name)</p> <p>6. Signature: (Addressee or Agent)</p> <p>7. Date of Delivery</p> <p>8. Addressee's Address (Only if requested and fee is paid)</p>			



ATTEMPTED NOT KNOWN REFUSED
LEGIBLE OUTSIDE ADD. VACANT
NO SUCH # NO MAIL RECEIVED
FIND ORDER EXPIRED IN DISPUTE
TRANSFER ADDRESS STREET NO UNCLAIMED

INITIAL INITIAL
1ST NOTICE MAY 1
2ND NOTICE

FIRST NATIONAL BANK AND TRUST
COMPANY OF OKLAHOMA CITY,
TRUSTEE UNDER TRUST AGREEMENT
DATED 12/8/66 FOR THE GRISSO
FAMILY TRUST
P.O. BOX 25189
LAS CRUCES, NM 88004

Is your RETURN ADDRESS completed on the reverse side?