BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF MEWBOURNE OIL COMPANY TO ABOLISH THE SPECIAL RULES AND REGULATIONS FOR THE SOUTH CARLSBAD-MORROW GAS POOL, EDDY COUNTY, NEW MEXICO. **Case No. 12,306**

AFFIDAVIT REGARDING NOTICE

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

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

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

2. I am an attorney for Applicant.

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

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

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

James Bruce

SUBSCRIBED AND SWORN TO before me this 16th day of December, 1999, by James Bruce.

Notary Public

My Commission Expires:
3/14/2001

NEW MEXICO
OIL CONSERVATION DIVISION
EXHIBIT 2
CASE NO.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
SANTA FE, NEW MEXICO 87501

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

November 24, 1999

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Enclosed is a copy of an application to abolish the pool rules in the South Carlsbad-Morrow Gas Pool, filed with the New Mexico Oil Conservation Division by Mewbourne Oil Company. The application seeks to change the pool rules to conform with the statewide well location rules recently adopted by the Oil Conservation Commission by Order No. R-11231. The pool is located in Townships 22, 23, and 24 South, Ranges 26 and 27 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, December 16, 1999 at the Division's offices at 2040 South Pacheco Street, Santa Fe, New Mexico 87505. As an operator in the pool, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date. Please note that this case is being advertised such that **in the absence of objection this case will be taken under advisement.**

Very truly yours,

James Bruce

James Bruce
Attorney for Mewbourne
Oil Company

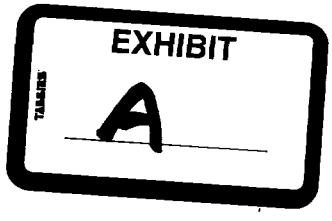

EXHIBIT A

Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121-1468

Wadi Petroleum, Inc.
Suite 400
14405 Walters Road
Houston, Texas 77014

Corrine Grace
P.O. Box 1418
Carlsbad, New Mexico 88220

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

Merit Energy Company
Suite 1500
12222 Merit Drive
Dallas, Texas 75251

Hallwood Petroleum, Inc.
Suite 1700
4582 S. Ulster Street Parkway
Denver, Colorado 80237

OXY USA Inc.
P.O. Box 50250
Midland, Texas 79710

Willow Creek Resources, Inc.
P.O. Box 1309
Midland, Texas 79702

Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

Santa Fe Snyder Corporation
Suite 1330
550 West Texas
Midland, Texas 79701

Lanexco Inc.
P.O. Box 2730
Midland, Texas 79702

Bristol Resources Corp.
6655 South Lewis
Tulsa, Oklahoma 74136

Read & Stevens, Inc.
Suite 1000
400 North Pennsylvania
Roswell, New Mexico 88201

Mallon Oil Company
Suite 1700
999 18th Street
Denver, Colorado 80202

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

Vista Resources of Texas, Inc.
Suite 700
550 West Texas
Midland, Texas 79701

Permian Resources, Inc.
P.O. Box 590
Midland, Texas 79702

Lynx Petroleum Consultants, Inc.
P.O. Box 1708
Hobbs, New Mexico 88241-1708

Penwell Energy, Inc.
Suite 1100
600 North Marienfeld
Midland, Texas 79701

Bettis, Boyle and Stovall
P.O. Box 1240
Graham, Texas 76450

Nearburg Producing Company
Building 2, Suite 120
3300 North "A" Street
Midland, Texas 79705-5421

Concho Resources, Inc.
Suite 410
110 West Louisiana Avenue
Midland, Texas 79701

Vernon E. Faulconer, Inc.
P.O. Box 7995
Tyler, Texas 75711

Redstone Oil & Gas Company
Suite 1050
8235 Douglas Avenue
Dallas, Texas 75225

Snow Oil & Gas, Inc.
P.O. Box 1227
Andrews, Texas 79714

Rhombus Operating Company
Suite 1270
200 North Loraine
Midland, Texas 79701

PS Form **3800**, April 1995

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

Z 392 742 342

Wadi Petroleum, Inc.
Suite 400
14405 Walters Road
Houston, Texas 77014

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	NOV 29 1999

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

3. Article Addressed to:

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

4a. Article Number: Z 392 142 355

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

7. Date of Delivery: 11-29-99

5. Received By: *(Print Name)* Annie Sollean

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

6. Signature *(Addressee or Agent)* Annie Sollean MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 355

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

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	NOV 29 1999

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

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

3. Article Addressed to:

Wadi Petroleum, Inc.
Suite 400
14405 Walters Road
Houston, Texas 77014

4a. Article Number: Z 392 142 342

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

7. Date of Delivery: 11/29/99

5. Received By: *(Print Name)* Leslie Caldwell

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

6. Signature *(Addressee or Agent)* Leslie Caldwell MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 344

Sent to	Louis Dreyfus Natural Gas Corp. Suite 600 14000 Quail Springs Parkway Oklahoma City, Oklahoma 73134
Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	NOV 29 1995
Return Receipt Showing to Whom, Date, & Addressee's Address	1.25
TOTAL Postage & Fees	$ 3.25
Postmark or Date	NOV 29 1995 NM 88240 HOBBS

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

SENDER:

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

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

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

3. Article Addressed to:

Lynx Petroleum Consultants, Inc
P.O. Box 1708
Hobbs, New Mexico 88241-1708

4a. Article Number: Z 392 742 329

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*

MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

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

3. Article Addressed to:

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

4a. Article Number: Z 392 742 344

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

7. Date of Delivery: 11-29

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*

MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 329

Sent to	Lynx Petroleum Consultants, Inc. P.O. Box 1708 Hobbs, New Mexico 88241-1708
Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.25
Postmark or Date	

PS Form **3800**, April 1995

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

Z 392 742 341

Sent to
Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121-1468

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
Mallon Oil Company
Suite 1700
999 18th Street
Denver, Colorado 80202

4a. Article Number
Z 392 742 354

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
Gerald L. Mallon MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

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

3. Article Addressed to:
Kaiser-Francis Oil Company
P.O. Box 21468
Tulsa, Oklahoma 74121-1468

4a. Article Number
Z 392 742 341

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

7. Date of Delivery NOV 27 1999

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*

PS Form **3811**, December 1994 MOL 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 354

Sent to
Mallon Oil Company
Suite 1700
999 18th Street
Denver, Colorado 80202

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

PS Form **3800**, April 1995

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

Z 392 742 334

Sent to	Vernon E. Faulconer, Inc.
Street & Number	P.O. Box 7995
Post Office, State, & ZIP Code	Tyler, Texas 75711
Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	NOV 29 1999 USPS

SENDER: MIDLAND/ODESSA TX 797 11/29/99 19:35

- ☐ 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

3. Article Addressed to:

Santa Fe Snyder Corporation
Suite 1330
550 West Texas
Midland, Texas 79701

4a. Article Number: Z 392 142 350

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

7. Date of Delivery: 11.29.99

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 MOC 102595-99-B-0223 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.

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

3. Article Addressed to:

Vernon E. Faulconer, Inc.
P.O. Box 7995
Tyler, Texas 75711

4a. Article Number: Z 392 142 334

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

7. Date of Delivery: NOV 29 [illegible]

5. Received By *(Print Name)*: Shelly Swalabuth

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

6. Signature *(Addressee or Agent)*

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 MOC 102595-99-B-0223 Domestic Return Receipt

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PS Form **3800**, April 1995

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

Z 392 742 350

Sent to	Santa Fe Snyder Corporation
Street & Number	Suite 1330
Post Office, State, & ZIP Code	550 West Texas
	Midland, Texas 79701
Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

PS Form **3800**, April 1995

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

Sent to
Snow Oil & Gas, Inc.
P.O. Box 1227
Andrews, Texas 79714

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	USPS

Z 261 150 518

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

3. Article Addressed to:
Merit Energy Company
Suite 1500
12222 Merit Drive
Dallas, Texas 75251

4a. Article Number
Z 392 142 345

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

7. Date of Delivery
11.29.99

5. Received By: *(Print Name)* Jones

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

6. Signature *(Addressee or Agent)* Jones

PS Form **3811**, December 1994 MOC 102595-99-B-0223 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.
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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
Snow Oil & Gas, Inc.
P.O. Box ~~1227~~ 1277
Andrews, Texas 79714

4a. Article Number
Z 261 150 518

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

7. Date of Delivery 8-27-99

5. Received By: *(Print Name)* Lynn Snow

8. Addressee's Address *(Only if requested and fee is paid)* PO Box 1277

6. Signature *(Addressee or Agent)* Lynn Snow

PS Form **3811**, December 1994 MOC 102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Sent to
Merit Energy Company
Suite 1500
12222 Merit Drive
Dallas, Texas 75251

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

Z 392 742 345

PS Form **3800**, April 1995

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

Z 392 742 349

Sent to
Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

Post Office, State, & ZIP Code

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	12-29-1999

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

3. Article Addressed to:
Lanexco Inc.
P.O. Box 2730
Midland, Texas 79702

4a. Article Number
Z 392 742 351

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

7. Date of Delivery
12-29-99

5. Received By: *(Print Name)*
Lee Flores

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

6. Signature *(Addressee or Agent)*

PS Form **3811**, December 1994 MOC 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 351

Sent to
Lanexco Inc.
P.O. Box 2730
Midland, Texas 79702

Post Office, State, & ZIP Code

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	12-29-1999

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

3. Article Addressed to:
Marathon Oil Company
P.O. Box 552
Midland, Texas 79702

4a. Article Number
Z 392 742 349

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

7. Date of Delivery
DEC 29 1999

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
S Mullins

PS Form **3811**, December 1994 MOC 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 335

Sent to
Redstone Oil & Gas Company
Suite 1050
Street, Apt. No., or PO Box No.
8235 Douglas Avenue
City, State, ZIP+4
Dallas, Texas 75225

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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

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

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

3. Article Addressed to:
Vista Resources of Texas, Inc.
Suite 700
550 West Texas
Midland, Texas 79701

4a. Article Number: Z 392 142 356

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

7. Date of Delivery: 11-29-99

5. Received By: (Print Name) Debbie Sullivan

6. Signature (Addressee or Agent)

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

PS Form **3811**, December 1994 MOC 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 356

Sent to
Vista Resources of Texas, Inc.
Street, Apt. No., or PO Box No.
Suite 700
550 West Texas
City, State, ZIP+4
Midland, Texas 79701

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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

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

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

3. Article Addressed to:
Redstone Oil & Gas Company
Suite 1050
8235 Douglas Avenue
Dallas, Texas 75225

4a. Article Number: Z 392 142 335

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

7. Date of Delivery: 11-29-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid) 8235 Douglas

PS Form **3811**, December 1994 MOC 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 331

Sent to
Bettis, Boyle and Stovall
P.O. Box 1240
Graham, Texas 76450

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	11-29-99 USO

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

3. Article Addressed to:
Penwell Energy, Inc.
Suite 1100
600 North Marienfeld
Midland, Texas 79701

4a. Article Number
Z 392 742 330

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

7. Date of Delivery
11-29-99 SRP

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
Rhonda Burns MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 330

Sent to
Penwell Energy, Inc.
Suite 1100
600 North Marienfeld
Midland, Texas 79701

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	N/C
TOTAL Postage & Fees	$ 3.20
Postmark or Date	11-29-99 USO

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

3. Article Addressed to:
Bettis, Boyle and Stovall
P.O. Box 1240
Graham, Texas 76450

4a. Article Number
Z 392 742 331

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

7. Date of Delivery
11.29.99

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
Sandra Bettis MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 333

Sent to	Concho Resources, Inc.
Street & Number	Suite 410 110 West Louisiana Avenue
Post Office, State, & ZIP Code	Midland, Texas 79701
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	11/29/99

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

3. Article Addressed to:
Rhombus Operating Company
Suite 1270
200 North Loraine
Midland, Texas 79701

4a. Article Number: Z 261 150 519

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

7. Date of Delivery: 11/29/99

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*
X Mallory Wing MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

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

3. Article Addressed to:
Concho Resources, Inc.
Suite 410
110 West Louisiana Avenue
Midland, Texas 79701

4a. Article Number: Z 392 742 333

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

7. Date of Delivery: 11/29/99

5. Received By: *(Print Name)* Tapsman Harrison

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

6. Signature *(Addressee or Agent)*

PS Form **3811**, December 1994 MOC 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 261 150 519

Sent to	Rhombus Operating Company
Street & Number	Suite 1270 200 North Loraine
Post Office, State, & ZIP Code	Midland, Texas 79701
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	11/29/99

PS Form **3800**, April 1995

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

Z 392 742 332

Sent to	Nearburg Producing Company
	Building 2, Suite 120
St	3300 North "A" Street
P	Midland, Texas 79705-5421
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	11-29-99

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

3. Article Addressed to:
OXY USA Inc.
P.O. Box 50250
Midland, Texas 79710

4a. Article Number: Z 392 142 347

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

7. Date of Delivery: 11-24-99

5. Received By: *(Print Name)* ARNIE HERRERA

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

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

PS Form **3811**, December 1994 MOL 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 347

Sent to	OXY USA Inc.
	P.O. Box 50250
St	Midland, Texas 79710
Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	

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

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

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

3. Article Addressed to:
Nearburg Producing Company
Building 2, Suite 120
3300 North "A" Street
Midland, Texas 79705-5421

4a. Article Number: Z 392 142 332

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

7. Date of Delivery: 11-29-99

5. Received By: *(Print Name)* Nikki Riggs

6. Signature *(Addressee or Agent)* Nikki Riggs

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

PS Form **3811**, December 1994 MOL 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 343

Sent to
Corrine Grace
Street & Number
P.O. Box 1418
Post Office, State, & ZIP Code
Carlsbad, New Mexico 88220

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	USPS 1999

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

3. Article Addressed to:
Corrine Grace
P.O. Box 1418
Carlsbad, New Mexico 88220

4a. Article Number
Z 392 742 343

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)
Marcella Jenkins
MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 328

Sent to
Permian Resources, Inc.
Street & Number
P.O. Box 590
Post Office, State, & ZIP Code
Midland, Texas 79702

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	1999

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

3. Article Addressed to:
Permian Resources, Inc.
P.O. Box 590
Midland, Texas 79702

4a. Article Number
Z 392 742 328

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

7. Date of Delivery
1-29-99

5. Received By: (Print Name)
D. Tallos

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

6. Signature (Addressee or Agent)
D. Tallos
MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 343

Sent to
Corrine Grace
P.O. Box 1418
Carlsbad, New Mexico 88220

Postage	$ .15
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	12-29-1999 USPS

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

3. Article Addressed to:
Permian Resources, Inc.
P.O. Box 590
Midland, Texas 79702

4a. Article Number
Z 392 742 328

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

7. Date of Delivery 12-29-99

5. Received By: *(Print Name)* D. Tallos

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

6. Signature *(Addressee or Agent)* D. Tallos MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 328

Sent to
Permian Resources, Inc.
Street & P.O. Box 590
Post Office, State, & ZIP Code Midland, Texas 79702

Postage	$ .55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	12-29-1999 USPS

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

3. Article Addressed to:
Corrine Grace
P.O. Box 1418
Carlsbad, New Mexico 88220

4a. Article Number
Z 392 742 343

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)* Annette Jenkens MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

Postmark or Date	
TOTAL Postage & Fees	$ 3.20
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	1.25
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	1.40
Postage	$ .55

Willow Creek Resources, Inc.
P.O. Box 1309
Midland, Texas 79702

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

Z 392 742 348

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

3. Article Addressed to:

Hallwood Petroleum, Inc.
Suite 1700
4582 S. Ulster Street Parkway
Denver, Colorado 80237

4a. Article Number: Z 392 742 346

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)* Tracy Alexander MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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

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

3. Article Addressed to:

Willow Creek Resources, Inc.
P.O. Box 1309
Midland, Texas 79702

4a. Article Number: Z 392 742 348

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

7. Date of Delivery: 12-7-99

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)* Jennifer D. Wesley MOC

PS Form **3811**, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

Postmark or Date	USR
TOTAL Postage & Fees	$ 3.20
Return Receipt Showing to Whom, Date, & Addressee's Address	
Return Receipt Showing to Whom & Date Delivered	1.25
Restricted Delivery Fee	
Special Delivery Fee	
Certified Fee	1.40
Postage	$ .55

Hallwood Petroleum, Inc.
Suite 1700
4582 S. Ulster Street Parkway
Denver, Colorado 80237

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

Z 392 742 346

PS Form **3800**, April 1995

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

Z 392 742 352

Sent to
Bristol Resources Corp.
6655 South Lewis
Tulsa, Oklahoma 74136

Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	11/26/1999

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

3. Article Addressed to:

Read & Stevens, Inc.
Suite 1000
400 North Pennsylvania
Roswell, New Mexico 88201

4a. Article Number: Z 392 742 353

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

7. Date of Delivery: 11/26/99

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*: Robert H. Watson

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3811**, December 1994 MOC

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form **3800**, April 1995

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

Z 392 742 353

Sent to
Read & Stevens, Inc.
Suite 1000
400 North Pennsylvania
Roswell, New Mexico 88201

Postage	$ .55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.20
Postmark or Date	NOV 29 1999

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.

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

3. Article Addressed to:

Bristol Resources Corp.
6655 South Lewis
Tulsa, Oklahoma 74136

4a. Article Number: Z 392 742 352

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

7. Date of Delivery: NOV 29 1999

5. Received By: *(Print Name)*

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

6. Signature *(Addressee or Agent)*:

Is your RETURN ADDRESS completed on the reverse side?

PS Form **3811**, December 1994 MOC

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.