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

APPLICATION OF MARATHON OIL COMPANY FOR COMPULSORY POOLING EDDY COUNTY, NEW MEXICO

CASE NO. 12419

CERTIFICATE OF MAILING AND COMPLIANCE WITH ORDER R-8054

STATE OF NEW MEXICO)

Output

W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me this 28th day of June, 2000, by W. Thomas Kellahin.

Lynda Kellahin, Notary Public

OFFICIAL SEAL
Lynda Kollaidn
NOTARY PULLIC
STATE OF NEW MENCO
My Commission Expires: 6 / 6 / 0 4

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KELLAHIN AND KELLAHIN

ATTORNEYS AT LAW

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

JASON KELLAHIN (RETIRED 1991)

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

W. THOMAS KELLAHIN*

May 24, 2000

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

Re: Application of Marathon Oil Company to amend Order R-11112 for pool and lease commingling (Buchanan Centralized Facility) Eddy County, New Mexico.

Marathon Oil Company ("Marathon") has applied to the New Mexico Oil Conservation Division ("Division") to amend Division Order R-11112 which previously approved Marathon's application for the surface commingling of production from the North Illinois Camp-Morrow Gas, Illinois Camp-Morrow Gas, North Turkey Track-Morrow Gas, Travis-Wolfcamp Gas and Travis Upper Pennsylvanian Gas Pool and the off-lease measurement and storage of that production for its Buchanan Consolidated Facility and Gathering Systems. See attached plat. This facility has the capability to satellite test and lease meter liquids sent to the battery located in the SE/4 of Section 33 and the gas sold from the individual leases.

This amendment would allow Marathon to expand its prior approval to include an administrative procedure, without notice and hearing, to surface commingling of gas production from existing or future wells including Scanlon Draw "34" State Well No. 1 and the Jose Guerrero "34" State Well No 1, both located in Section 34, T18S, R28E, Eddy County, New Mexico.

This case has been set for hearing on the Division Examiner's docket now scheduled for June 15, 2000. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

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

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

W. Thomas Kellahin

| DOMESTIC RETURN RECEIPT | PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 | DOMESTIC RETURN RECEIPT | S Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815 |
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Palconer-20 Box 7995 Article Number (Copy from service label) or on the front if space permits Attach this card to the back of the mailpiece so that we can return the card to you. Print your name and address on the reverse Form 3811, July 1999 tem 4 if Restricted Delivery is desired. NDER: COMPLETE THIS SECTION orm 3811, Apr. 1989 omplete items 1, 2, and 3. Also complete your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card in being returned to you. The return receipt fee will provide you the name of the person delivered to and date of delivery. For additional fees the following services are available. Consult postmaster for fees [check boxles] for additional servicels) requested. Date of Delivery Signature -Signature - Addressee Article Addressed to: Show to whom delivered, date, and addressee's address. SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. P. O. Box 2024 Exxon Corporation Houston, TX 77252-2024 Agent in in *U.S.G.P.O. 1989-238-815 Domestic Return Receipt duct 6 - 1 D. Is delivery address different from item 17 (2) Yes
If YES, enter delivery address below: COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Date of Delivery

The I lai Sydd ort 6-8-60 C. Signature ☐ Registered
☐ Insured Mail 22 Certified Mail Restricted Delivery? (Extra Fee) If YES, enter delivery address below: ServiceType 8. Addressee's Address (ONLY if or agent and DATE DELIVERED 4. Article Number Always obtain signature of addressee Express Mail Type of Service: Registered Certified requested and fee paid) 2. Restricted Delivery (Extra charge) DOMESTIC RETURN RECEIPT ☐ Return Receipt for Merchandise ☐ C.O.D. ☐ Express Mail Suddett, a Agent Return Receipt for Merchandise COD Insured 102595-00-M-0952 PS Form 3811, Apr. 1989 6 × Ģ 3. Article Addressed to: Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and oback box(es) for additional service(s) requested.

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| Jalapeno Corporat P. O. Box 1608 Albuquerque, NM | Type of Service: Registered Insured Cou Certified COU Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | S. J. Iverson, Jr. 3528 Sinclair Midland, TX 79705-8422 |
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| Express Mail for Merchandise | Albuquerque, NM 87103-1608 |
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| John M. Kelly P. O. Box 310 Registered Registered COD Certified Con Receipt Frances Mail Return Receipt Frances Mail | SELDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4. ut your additional to 'RETURN TO' Space on the reverse side. Failure to do this will prevent this card combeing returned to you. The return receipt fee will provide you the name of the person delivered to and the check backes for additional services (1) requested. Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge) Article Addressed to: 4. Article Number | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 4 and complete items 1 and 2 when additional services are desired, and complete items on the reverse side Failure to do this will prevent this card on being returned by you. The return recipit fee will provide you the name of the person delivery desired and services are available. Consult postmastic for fees not check box(les) for additional services is requested. Show to whom delivered dare, and addressee's address. Esther L. Kelly P. O. Box 310 Roswell. NM 88202-0310 Express Mail Express Address of the person delivery Anways sound signature of address of requested and recept of the person delivery Signature — Agent Dayle of Belivery Signature — Agent August Sun signature of address ONLY if requested and recept of the person delivery Signature — Agent August Sun signature of address ONLY if requested and recept of the person delivery Signature — Agent August Sun signature of address on the person delivery of the person delivery of the person delivery Signature — Agent August Sun signature of address on the person delivery of the person delivery of the person delivery of the person delivery Signature — Agent August Sun signature of address on the person delivery of the person delivery |
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| Express Mail Express Mail Pays obtain signature agent and DATE DELI Addressee's Addressee's Addressee and fee pure pure payers. DOMESTIC | 1 and 2 when additional services are desired, and complete items I TO". Space on the reverse side. Failure to do this will prevent this card atum receipt fee will provide you the name of the person delivered to and a fees the following services are available. Consult postmaster for fees service(s) requested. I, date, and addressee's address. 2. Restricted Delivery (Extra charge) 4. Article Number Type of Service: Registered COD Certified Cod Corrections Cod Complete items Card Complete items Card Complete items Card Complete items Card Complete items Type of Service: Cod Cod Cod Cod Cod Cod Cod Co | DOMESTIC RETURN RECEIPT | Registered Insured COD Certified COD Communication COD Return Receipt For Merchandise Communication Communication Communication Communication Communication Communication Communication Control Control | when additional services are desired, and complete items see on the reverse side. Failure to do this will prevent this card pt fee will provide you the name of the person delivered to and following services are available. Consult postmaster for fees requested. 1. Restricted Delivery (Extra charge) 1. Article Number |
| 5. Signature – Addressee X 6. Sanature – Agent X 7. Date o Delivacy PS Form 3811, Apr. 1989 *us.g.po. 1989-238-815 | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put year-address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the delivery. For additional service(s) requested. and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) 3. Article Addressed to: 4. Article Number Type of Service: Registered Insured Oklahoma City, OK 74134-2600 Centified Cod | 6. Signature — Agent X MACA MACA | Logro Corporation P. O. Box 261324 Plano, TX 75026-1324 5. Signature — Addressee | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxles) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) 3. Article Addressed to: 4. Article Number |
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| 6. Stanfature - Agent X 1. Darle o Delivery | 5. Signature — Addressee | Louis Dreyfus Gas Holdings, Inc. 14000 Quail Springs Parkway #600 Oklahoma City, OK 74134-2600 | | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put volume additional in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxies! for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) | PS Form 3811, Apr. 1989 *U.S.G.PO. 1989-238-815 | 7. Date of Delivery | 6. Signature - Agent X DEMOGNATERIA | 5. Signature — Addressee X | | Logro Corporation P. O. Box 261324 Plano, TX 75026-1324 | 3. Article Addressed to: |
| requestea and see paids | Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if | Type of Service: Registered Insured COD Certified Return Receipt Express Mail for Merchandise | 4. Article Number | ervices are desired, and complete items de Failure to do this will prevent this card ou the name of the person delivered to and are available. Consult postmaster for fees tess. 2. Restricted Delivery | 5 DOMESTIC RETURN RECEIPT | | | 8. Addressee's Address (ONLY if requested and fee paid) | Always obtain signature of addressee or agent and DATE DELIVERED | Type of Service: Registered Insured Contified COD Certified COD Return Receipt For Merchandise | 4. Article Number |

| PS Form 3811, Apr. 1989 | 99-238-815 DOMESTIC RETURN RECEIPT | 2S Form 3811, Apr. 1989 +u.s.g.P.O. 1989-238-815 |
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| 7. Date of Delivery | | 7. Date of Delivery JUN 7 2000 |
| 6. Signature - Agent | | |
| 5. Junature – Addressee | 8. Addressee's Address (ONLY if requested and fee paid) | 5. Signature - Addressee XM. SCHWAMKRUG- |
| EARL L. MALONE 310 W MESCALER ROSWELL NM 88 | Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | P. O. Box 168 Midland, TX 79702-0168 |
| 3. Article Addressed to: | Type of Service: | LRW Corporation |
| SENDER: Complete items 3 and 4. 3 and 4. 3 and 4. Fut your address in the "RETUR from being returned to you. The from date of delivery. For additional and check boxles for additional 1. Show to whom delivere (Ex | SENCER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4. your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card rebeing returned to you. The return receipt fee will provide you the name of the person delivered to and date of delivery. For additional fees the following services are available. Consult postmaster for fees check boxles) for additional service(s) requested. Show to whom delivered, date, and addressee's address. [Extra charge] | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 5. 3 and 6. 3 and 6. 3 and 6. 3 and 6. 3 and 7. 3 and 8. 3 and 9. 3 and 9. 3 and 9. 3 and 1. 3 and 1. 3 and 1. 3 and 2. 3 and 3. 3 and 4. 3 and 4. 3 and 6. 3 and 6. 3 and 6. 3 and 6. 4 and 6. 5 and 6. 5 and 6. 6 and 6. 6 and 6. 6 and 6 and 6 and 6. 6 and 6 |
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| Signature | 8. Addressee's Address (ONLY if requested and fee paid) | Signature - Addressee |
| Charles F. Mal Charles F. Mal P. O. Drawer 7 Roswell, NM | Type of Service: Registered Insured COD Certified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | |
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lone/M. T. Malone, Tr. URN TO' Space on the reverse side. Failure to do this will prevent this card he return receipt fee will provide you the name of the person delivered to and tional fees the following services are available. Consult postmaster for fees nal service(s) requested.

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2. Restricted Delivery (Extra charge) 88202-0700 one Living Trust ms 1 and 2 when additional services are desired, and complete items +U.S.G.P.O. 1989-238-815 8. Addlessee's Address (ONLY if required and fee paid) 9₈ Ada 5000 Express Mail Type of Service:
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Express Mail or/agent and MIE Article Number dddresset & Addio Restricted Delivery (Extra charge) 8666-1008 DOMESTIC RETURN RECEIPT WE OF ☐ Insured Return Receipt for Merchandise e of addressee (ONLY if

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| Always ohtain signature of addressee or agent and DATE DELIVERED. | | agent and DATE DELIVER |
| Type of Service: Registered Insured Cod Certified Return Receipt Express Mail for Merchandise | Marshall & Winston, Inc. P. O. Box 50880 Midland, TX 79710-0880 | T 1 º |
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| services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees dress. 2. Aestricted Delivery (Extra charge) | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 min and 3 min an | items 1 and 2 when additional services. The return receipt fee will provide you to ditional fees the following services are tional service(s) requested. We and addressee's address (Eura charge) |
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| Always obtain signature of addressee or agent and DATE DELIVERED. | Affesia, inivi ouza e e e | } ≅ |
| ا " وود | Marico Exploration, inc. c/o Yates Petroleum Corporation 105 South Fourth St. | |
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| m 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815 | 7. Date of Delivery | 8. Addressee's Address (ONLY i) K. C. C. C. C. A. M. C. C. A. M. C. | Western Minerals, Inc Type of Service: Registered Express Mail Always obtain signature or agent and DATE DELI | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 5. 3 and 6. 4. 3 and 6. 3 and 6. 3 and 7. 3 and 8. 3 and 9. 4. 4. 4. 4. 4. 4. 4. 4. 4. | Form 3811, Apr. 1989 *u.s.g.po. 1989-238-815 DOMESTIC RETURN RECEIP | Date of Delivery \(\lambda - 7 - 00 \) | Signature - Addressee (ONLY if | Elizabeth White Nelson P. O. Box 874 Roswell, NM 88202-0874 Roswell, NM 88202-0874 Type of Service: Registered Cod Express Mail Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. | nd class of delivery. For additional tees the following services are available. Consult postmaster for delivery for additional service(s) requested. Show to whom delivered, date, and addressee's address. (Extra charge) Article Number | with your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card rom being returned to you. The return receipt fee will provide you the name of the person delivered to and rom being returned to you. |
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| DOMESTIC RETURN RECEIPT PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815 | 7. Date of Delivery $6 - 6 - 00$ | 6. Signature – Addressee 6. Signature – Agent X | Heceipt rehandise | SENDER: Complete items 1 and 2 when additional services a 3 and 4. 3 and 4. Put your address in the FRETURN TO" Space on the reverse side. Failur from being returned to you. The return receipt fee will provide you the namester for fees and check boxles) for additional fees the following services are available and check boxles) for additional service(s) requested. 2 belivery 1. □ Show to whom delivered, date, and addressee's address. 2 | TURN RECEIPT PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 | . 1 — — | 6. Signature – Addressee | Patsy Iverson Page COD Return Receipt tor Merchandise Of addressee VERED. Patsy Iverson Page I 155 Manilands Vista Way Lafolla. CA 92037-6210 | | event this card Put your address in the "RETURN TO" Space on the reverse side. Fail from being returned to you. The return receipt fee will provide you the return receipt feel will be returned to you the return receipt feel will be returned to you the return receipt feel will be returned to you the return receipt feel will be returned to you the return receipt feel will be returned to you the return receipt feel will be returned to you the return return returned to you the return retur |

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| 6. Signature - Agent × LUA BAEK | LANCOLL L | X Date of I |
| 5. Signature – Addresser | - Addressee's Address (ONLY if requested and fee paid) | 5. Signature X |
| | Always obtain signature or agent and DATE DELI | Dallas |
| 2121 San Jacinto Street Dallas TX 75201 | 1700 Pacific Ave. Certified Return Receipt Receipt For Merchandise | 1700 Pa |
| 940 San Jacinto Tower | | The Ruc 4700 Fi |
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| 5. Signature – Addressee | Addressee 8. Address (ONLY if requested at the paid) | Signature |
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| Evansville IN 47728-2 | Roswell, NM 88202-1518 | ייבי |
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|---|---|--------------------------|--|----------------------------|--|--|--|--|
| 5. Signature – Addressee X JUR MORE 6. Signature – Agent X LUR BREX 7. Date of Delivery | Seven W Resources, Inc. 940 San Jacinto Tower 2121 San Jacinto Street Dallas TX 75201 | 3. Article Addressed to: | | PT PS Form 3811, Apr. 1989 | 6. Signature + Agent X 7. Date of Dailyery 7. Date of Dailyery 7. Date of Dailyery | 5. Signature - Addressee | Alvrone Sater c/o Sater Er P O Box 2509 Evansville IN 47728-2509 | SENDER: Complete items 1 3 and 4. Put your address in the July of delivery. For additional and the fact boxies for additional selection of the fact boxies for additional selection of the fact boxies for additional selection. Show to whom delivered, (Extra 3. Article Addressed to: |
| 8. | <i>~</i> .9 | .4 | and 2 when additional services TO". Space on the reverse side. Fail urn receipt fee will provide you the rees the following services are avarvice(s) requested. charge) | *U.S.G.P.O. 1989-238-815 | V-0 9 2000 | 8. Or | nterprises | ms 1 and 2 when additional services are desired. URN TO' Space on the reverse side. Failure to do this pereturn receipt fee will provide you the name of the priorial services fre dollowing services are available. Consultered, date, and addressee's address. 2. |
| Addressee's Address (ONLY if requested and fee paid) | Type of Service: Registered Insured Cob Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | Article Number | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 5. 3 and 5. 4. 3 and 6. 4. 5 and charge items in the "RETURN TO". Space on the reverse side. Failure to do this will prevent this card from being feitured to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery for additional fees the following services are available. Consult postmaster for fees and charge items for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge) | DOMESTIC RETURN RECEIP | | Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | of Service: gistered rtifled press Mail | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4. 3 and 4. 3 and 4. 4 but your address in the PURN TO". Space on the reverse side. Failure to do this will prevent this card from being retrimed to you. The return receipt fee will provide you the name of the person delivered to and thought of delivery. For additional fees the following services are available. Consult postmaster for fees and, check boxies for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) 4. Article Addressed to: |

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| DOMESTIC RETURN RECEIPT | PS Form 3811, Apr. 1989 +us.a.p.o. 1989-238-815 | DOMESTIC RETURN RECEIPT | orm 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815 |
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| 8. Addressee's Address (ONLY if requested and fee paid) | 5. Signature - Addressee | 8. Addressee's Address (ONLY if requested and fee paid) | Signarge Addressee |
| Type of Service: Registered Insured COD Certified Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | Southwestern Energy Production Co. P. O. Box 1408 Fayetteville, AR 72702-1408 | Type of Service: Registered Insured Con Contiled Tor Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | Sharbro Oil Ltd. Co. P. O. Box 840 Artesia, NM< 88211-0840 |
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| ervices are desired, and complete items de. Failure to do this will prevent this card ou the name of the person delivered to and are available. Consult postmaster for fees ress. 2. Restricted Delivery (Extra charge) | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 and 4 and 4 and 5 and 4 and 5 and 4 and 5 | services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge) | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4. 4 your additional feet. The return receipt fee will provide you the name of the person delivered to and thate of delivery. For additional fees the following services are available. Consult postmaster for fees for check box(es) for additional service(s) requested. The return receipt fee will provide you the name of the person delivered to and rate of delivery. For additional fees the following services are available. Consult postmaster for fees for each box(es) for additional service(s) requested. Extra charge) |
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| | | | Signature — Agent |
| 8. Addressee's Address (ONLY if requested and fee paid) | 5. (Signature – Agdressee | 8. Addressee's Address (ONLY if requested and fee paid) | Signature - Addresses |
| Always obtain signature of addressee or agent and DATE DELIVERED. | | Always obtain signature of addressee or agent and DATE DELIVERED. | |
| Type of Service: Registered Insured Certified COD Express Mail Return Receipt for Merchandise | Phoebe Shelton P. O. Box 430 Amarillo, TX 79105-0430 | Type of Service: Registered Insured Certified COD Express Mail Return Receipt | DAVID SHATZER 3505 Woodhaven Drive Midland, TX 79707-4537 |
| 4. Article Number | 3. Article Addressed to: | 4. Article Number | Article Addressed to: |
| services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and a are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge) | ■ SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge) | services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and is are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge) | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4. t your andress in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card in being ferturned to you. The return receipt fee will provide you the name of the person delivered to and date of delivery. For additional fees the following services are available. Consult postmaster for fees of check box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's address. (Extra charge) |

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| PS Form 3811, Apr 1989 + USG.PO. 1989-238-815 | 7. Date of Delivery | | J. Phelps White, 111 P. O. Box 874 Roswell, NM 88202-0874 | SENDER: Co 3 and 4. 3 and 4. t your address it tyour address in the being returne a date of deliver d check boxies) Show to v Article Addre | PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 | E. Signature – Addressee X. M. A. | Gretchen S. White 700 North Kentucky Roswell, NM 88201-4822 | Put your address in the "RETURN TO" Space on the reverse s from being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following services and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's additional services. 3. Article Addressed to: |

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|--|--|---|---|
| Type of Service: Registered CoD Certified Express Mail Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | additional services are desired, and complete items the reverse side. Failure to do this will prevent this card will provide You the name of the person delivered to and will services are available. Consult postmaster for fees sted. 2. [] Restricted Delivery (Extra charge) 4. Article Number | requested and fee paid) DOMESTIC RETURN RECEIP | side. Failure to do this will prevent this and some side. Failure to do this will prevent this and syou the name of the person delivered to and so are available. Consult personages for fact of the person delivered to and so are available. Consult personages for fact of the sound of the person delivered to and so are available. Consult personages for fact of a substantial personages for fact of the personage for fact of addressee or agent and DATE DELLIVEREED. |

| orm 3811, Apr. 1989 + U.S.G.PO. 1989-238-815 | Signature — Addressee Signature — Agent Signature — Agent Date of Delivery | Article Addressed to: Theodore P. White P. O. Box 533 Roswell, NM 88202-0533 | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4. your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card not being returned to you. The return receipt fee will provide you the name of the person delivered to and date of delivery. For additional fees the following services are available. Consult postmaster for fees check box(es) for additional service(s) requested. [7] Show to whom delivered, date, and addressee's address. 2. [8] Particular Moreover transport to the person delivered and addressee's address. | orm 3871, Apr. 1989 + U.S.G.P.O. 1989-238-815 | Signature - Agent (2) Date of Delivery | hel O. I | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. 3 and 4. t your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card in being returned to you. The return receipt tee will provide you the name of the person delivered to and be strengther. For additional fees the following services are available. Consult postmaster for fees defects box(es) for additional service(s) requested. Show to whom delivered, date, and addressee's address. (Extra charge) Article Addressed to: 4. Article Number |
|---|--|--|---|---|--|--|---|
| DOMESTIC RETURN RECEIPT | 8. Addressee's Address (ONLY if requested and fee paid) | 4. Article Number Type of Sagge: 100 | ervices are desired, and complete items ide. Failure to do this will prevent this card ou the name of the person delivered to and are available. Consult postmaster for fees ress. 2. BATTERW Delivery | DOMESTIC RETURN RECEIPT | 9 Miles of and fee paid) | Registered Insured Certified CD Express Mail Return Reconnection Express Mail for Mercha | when additional services are desired, and complete items to on the reverse side. Failure to do this will prevent this card put the will provide you the name of the person delivered to and following services are available. Consult postmaster for fees requested. 2. Restricted Delivery (Extra charge) 4. Article Number |
| PS Form 3811, Apr. 1989 + U.S.G.P.O. 1989-238-815 | | 3. Article Addressed to: Yates Petroleum Corporation P. O. Box 1395 Artesia, NM 88211-1395 | SENDE 3 and 1t your ad on being on being e date of de check | PS Form 3811, Apr. 1989 *U.S.G.PO. 1989-238-815 | 5. Signatud GANNING GRIGGS X 6. Signature Ligent X 7. Day of Delivery | Yates Brothers A Partnership 105 South 4th Street Artesia, NM 88210-2177 | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees ard check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge) 3. Article Addressed to: |
| 5 DOMESTIC RETURN RECEIPT | 8. Addressee's Address (ONLY if requested and fee paid) | a 2 | services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and s are available. Consult postmaster for fees dress. 2. Restricted Delivery (Extra charge) | DOMESTIC RETURN RECEIP | 8. Addressee's Address (UNLY if requested and fee paid) | Type of Service: Registered | Complete items 1 and 2 when additional services are desired, and complete items sin the "RETURN TO". Space on the reverse side. Failure to do this will prevent this card ned to you. The return receipt fee will provide you the name of the person delivered to and erry. For additional fees the following services are available. Consult postmaster for fees so for additional service(s) requested. whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) 4. Article Number |

| Form 3811, Apr 1989 + U.S.G.P.O. 1989-238-815 | Signature - Addressee Signature - Agent Signature - Agent Pell SC- Bell Dite of Delivery | Executor 211-0840 | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. ut your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card om being-returned to you. The return receipt fee will provide you the name of the person delivered to and re date of delivery. For additional fees the following services are available. Consult postmaster for fees not check boxies) for additional service(s) requested. [] Show to whom delivered, date, and addressee's address. [] Restricted Delivery (Extra charge) | Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 | Signature - Agent Date of Delivery - 6 - 00 | Signature - Addressely | Harvey E. Yates Company P. O. Box 1716 Roswell, NM 88202-1716 | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. It the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card on being returned to you. The return receipt fee will provide you the name of the person delivered to and the delivery. For additional fees the following services are available. Consult postmaster for fees in check boxles for additional service(s) requested. Show to whom delivered, date, and addressee's address. (Extra charge) Article Addressed to: 4. Article Number |
|---|---|---|---|---|--|---|---|---|
| DOMESTIC RETURN RECEIPT | 8. Addressee's Address (ONLY if requested and fee paid) | Article Numt Property of Service Registered Certified Express Mail Express Mail Nays obtain sig | vices are desired, and complete items le. Failure to do this will prevent this card uthe name of the person delivered to and re available. Consult postmaster for fees sss. 2. Restricted Delivery (Extra charge) | DOMESTIC RETURN RECEIPT | | 8. Addressee's Address (ONLY if requested and fee paid) | Type of Service: Registered Insured COD Cortified Return Receipt for Merchandise Always obtain signature of addressee | de. Failure to do this will prevent this card but the name of the person delivered to and are available. Consult postmaster for fees ress. 2. Restricted Delivery (Extra charge) |
| Apr 1989 | 5. Signature - Addressee X 6. Signature - Addressee X 7. Date of Pellvery | 3. Article Addressed to: S. P. Yates 105 S. Fourth St. Artesia. NM 88210-2177 | SENDER; Complete items 1 and 2 when additional services are desired, and complete items 2 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxles! for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) | PS Form 3811, Apr. 1989 *U.S.G.PO. 1989-238-815 | 7. Dall of Delivery Adjunction | 5. Signature Addressee x JOANN GRIGGS | Richard M. Yates 105 South Fourth St. Artesia, NM 88210-2177 | SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.7 3 and 4.7 Put year address in the "RETURN TO" Space on the reverse side Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxless for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's address. 2. □ Restricted Delivery (Extra charge) 3. Article Addressed to: 4. Article Number |
| DOMESTIC RETURN RECEIPT | 8. Addressee's Address (ONLY if requested and fee paid) | 4. Article Number Type of Service: Registered | Complete items 1 and 2 when additional services are desired, and complete items so in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card ned to you. The return receipt fee will provide you the name of the person delivered to and very. For additional fees the following services are available. Consult postmaster for fees es for additional service(s) requested. 3 whom delivered, date, and addressee's address. 4 Extra charge) | DOMESTIC RETURN RECEIPT | | 8. Addressee's Address (ONLY if requested and fee paid) | Type of Service: Registered Insured COD Certified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | services are desired, and complete items side. Failure to do this will prevent this card you the name of the person delivered to and as are available. Consult postmaster for fees ddress. 2. Restricted Delivery (Extra charge) 4. Article Number |

DOMESTIC RETURN RECEIPT

| SENDER: Complete items 1 and 2 when additional services are desired, and complete items and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) | | | | | | | |
|---|--|--|--|--|--|--|--|
| 3. Article Addressed to: SP & Estelle N. Yates 19 St Clair Peyton Yates, Jr. 105 South Fourth St. Artesia, NM 88210-2177 | , Ttce. Registered Insured Certified Cop | | | | | | |
| 5. Signature — Addressee | Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if | | | | | | |
| 5. Signature Addresse GRIGGS 6. Signature Agent | requested and fee paid) | | | | | | |
| 7. Date of Delivery | | | | | | | |
| PS Form 3811, Apr. 1989 *u.s | G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT | | | | | | |

| SENDER: Complete items 1 and 2 | |
|---|--|
| SENDER: Complete items 1 and 2 when additiona | services are desired, and complete items |
| Put your address in the "RETURN TO" Space on the revers from being returned to you. The return receipt fee will provid the date of delivery. For additional fees the following service and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's a | e side. Failure to do this will prevent this card <u>e you the name of the person delivered to and</u> es are available. Consult postmaster for fees |
| [Extra charge] | ddress. 2. |
| 3. Article Addressed to: | 4. Article Number |
| St. Clair Yates, Jr. | |
| c/o Yates Petroleum Corp. | Type of Service: |
| 105 South Fourth St. | Registered Insured |
| Artesia, NM 88210-2177 | Contified Cod Return Receipt for Merchandise |
| | Always obtain signature of addressee |
| E C: IAALILI A. | or agent and DATE DELIVERED. |
| 5. Signature JOANN GRIGGS | 8. Addressee's Address (ONLY if requested and fee paid) |
| x Lan Signatur Agnin Striggs | |
| 7. Date (Delivery) | +11. |
| PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-81 | DOMESTIC RETURN RECEIPT |

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

> Elizabeth Eaton 2121 East Biscayne Court Highland Ranch, CO 80126-4019

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

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

Do not use for International Mail (Co-

Lisa L. Durban P. O. Box 400 Roswell, NM 88202-0400

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

US Postal Service **Receipt for Certified Mail**

> Altura Energy Ltd. P. O. Box 4294 Houston, TX 77210-4294

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

Z 445 047 559

US Postal Service Receipt for Certified Mail

Hanagan Properties P. O. Box 1887 Santa Fe, NM 87504-1887

| | Postage | \$ | |
|----------------------------------|---|----|----|
| | Certified Fee | | |
| | Special Delivery Fee | | |
| | Restricted Delivery Fee | | |
| PS Form 3800 , April 1995 | Return Receipt Showing to Whom & Date Delivered | | |
| April | Return Receipt Showing to Whom Date, & Addressee's Address | , | |
| 90 | TOTAL Postage & Fees | \$ | |
| ₩ E | Postmark or Date | | |
| For | | | |
| <u></u> | | | L_ |

Z 445 047 561

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Robert G. Hanagan & Nancy S. Ha P. O. Box 1887 Santa Fe. NM 87504-1887

| | | • |
|----------------------------------|--|----|
| PS Form 3800 , April 1995 | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| | Return Receipt Showing to Whom & Date Delivered | |
| | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| | TOTAL Postage & Fees | \$ |
| | Postmark or Date | |
| For | | |
| 8 | | |

receipt not returned

| SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge) | | |
|---|---|--|
| 3. Article Addressed to: | 4. Article Number | |
| Mary Ann Twitty P. O. Box 836 Malibu, CA 90265-0836 | Type of Service: Registered Insured Cortified COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. | |
| 5. Signature — Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) | |
| 6. Signature - Agent | - | |
| X | | |
| 7. Date of Delivery | - | |

| SENDER: Complete items 1 and 2 when additional services are desired, and complete item 3 and 4. Put your address of the "RETURN TO" Space on the reverse side. Failure to do this will prevent this ca from being returned to you. The return receipt fee will provide you the name of the person delivered to a the date of delivery. For additional fees the following services are available. Censult postmaster for fe and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery | |
|---|---|
| (Extra charge) | (Extra charge) |
| 3. Article Addressed to: | 4. Article Number |
| Constance White 7007 Lawler Ridge Houston, TX 77055-7010 | Type of Service: Registered Insured COD Express Mail Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. |
| 5. Signature – Addressee X | 8. Addressee's Address (ONLY if requested and fee paid) |
| 6. Signature - Agent | |
| х | |
| 7. Date of Delivery | |
| PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-2: | 38-815 DOMESTIC RETURN RECEIP |

Domestic Return Receipt returned without signatures