

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

IN THE MATTER OF THE HEARING CALLED BY )  
THE OIL CONSERVATION DIVISION FOR THE )  
PURPOSE OF CONSIDERING: )  
APPLICATION OF BURLINGTON RESOURCES OIL )  
AND GAS COMPANY FOR APPROVAL OF A PILOT )  
PROJECT INCLUDING UNORTHODOX WELL )  
LOCATIONS AND AN EXCEPTION FROM THE )  
SPECIAL RULES AND REGULATIONS FOR THE )  
BASIN-DAKOTA GAS POOL FOR PURPOSES OF )  
ESTABLISHING A PILOT INFILL DRILLING )  
PROGRAM WITHIN ITS CULPEPPER MARTIN )  
PROJECT AREA, CONSISTING OF SECTIONS )  
1-3, 10-15 AND 22-24, TOWNSHIP 31 NORTH, )  
RANGE 12 WEST, WHEREBY UP TO FOUR WELLS )  
MAY BE DRILLED ON A STANDARD GAS )  
PRORATION UNIT TO DETERMINE PROPER WELL )  
DENSITY FOR DAKOTA WELLS, SAN JUAN )  
COUNTY, NEW MEXICO )

CASE NO. 12,509

ORIGINAL

NOV 30 11:18:57  
OIL CONSERVATION DIV

REPORTER'S TRANSCRIPT OF PROCEEDINGS

EXAMINER HEARING

BEFORE: DAVID R. CATANACH, Hearing Examiner

November 16th, 2000

Santa Fe, New Mexico

This matter came on for hearing before the New Mexico Oil Conservation Division, DAVID R. CATANACH, Hearing Examiner, on Thursday, November 16th, 2000, at the New Mexico Energy, Minerals and Natural Resources Department, Porter Hall, 2040 South Pacheco, Santa Fe, New Mexico, Steven T. Brenner, Certified Court Reporter No. 7 for the State of New Mexico.

\* \* \*

## I N D E X

November 16th, 2000  
 Examiner Hearing  
 CASE NO. 12,509

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REPORTER'S CERTIFICATE	6

\* \* \*

## E X H I B I T S

Applicant's	Identified	Admitted
Exhibit A	4	5
Exhibit B	4	5

\* \* \*

## A P P E A R A N C E S

## FOR THE DIVISION:

LYN S. HEBERT  
 Attorney at Law  
 Legal Counsel to the Division  
 2040 South Pacheco  
 Santa Fe, New Mexico 87505

## FOR THE APPLICANT:

KELLAHIN & KELLAHIN  
 117 N. Guadalupe  
 P.O. Box 2265  
 Santa Fe, New Mexico 87504-2265  
 By: W. THOMAS KELLAHIN

\* \* \*

1           WHEREUPON, the following proceedings were had at  
2           1:50 p.m.:

3           EXAMINER CATANACH: At this time I'll call Case  
4           12,509, which is the Application of Burlington Resources  
5           Oil and Gas Company for approval of a pilot project  
6           including unorthodox well locations and an exception from  
7           the Special Rules and Regulations for the Basin-Dakota Gas  
8           Pool for purposes of establishing a pilot infill drilling  
9           program within its Culpepper Martin Project Area,  
10          consisting of Sections 1-3, 10-15 and 22-24, Township 31  
11          North, Range 12 West, whereby up to four wells may be  
12          drilled on a standard gas proration unit to determine  
13          proper well density for Dakota wells, San Juan County, New  
14          Mexico.

15                 Call for appearances in this case.

16           MR. KELLAHIN: Mr. Examiner, I'm Tom Kellahin of  
17           the Santa Fe law firm of Kellahin and Kellahin, appearing  
18           on behalf of the Applicant.

19           EXAMINER CATANACH: Call for additional  
20           appearances.

21                 Okay, there being none, Mr. Kellahin?

22           MR. KELLAHIN: Mr. Examiner, the evidentiary  
23           portion of this case was presented to you at a hearing on  
24           October 19th. At the conclusion of that hearing you  
25           requested that Burlington provide additional notification.

1           The notification had to deal with this: There  
2 were in the pilot project some additional wells to be  
3 drilled at unorthodox locations. Because the Culpepper  
4 Martin area is in an area not within a federal unit, those  
5 unorthodox well locations encroached towards adjoining  
6 spacing units which were also operated by Burlington. You  
7 requested that we make an additional effort to notify the  
8 royalty and the overriding royalty interest owners in  
9 spacing units operated by Burlington towards whom these  
10 wells encroached. We've done that. We recognize the  
11 Division notice rules do not require it, but we have done  
12 that.

13           The certificate of notification is in two parts.  
14 We'll submit it to you. Exhibit A is the certificate as to  
15 all royalty and overriding royalty owners, with the  
16 exception of the federal government and the State of New  
17 Mexico. There's a separate certificate for the State of  
18 New Mexico, because I hand-delivered to the Commissioner's  
19 office the notice letter, a copy of the Application and the  
20 location plats to that governmental agency. We have not  
21 re-served the Bureau of Land Management. They have  
22 participated in this case and appeared on October 19th in  
23 full support of granting this Application.

24           So with that introduction and your permission, we  
25 would like to supplement the record with additional notice

1 certificates A and B.

2 EXAMINER CATANACH: Okay, notice documents A and  
3 B will be admitted as evidence in this case.

4 Do you have anything further, Mr. Kellahin?

5 MR. KELLAHIN: No, sir.

6 EXAMINER CATANACH: All right, there being  
7 nothing further in this case, Case 12,09 will be taken  
8 under advisement.

9 (Thereupon, these proceedings were concluded at  
10 1:55 p.m.)

11 \* \* \*

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I do hereby certify that the foregoing is  
a complete record of the proceedings of  
the Examiner hearing of Case No. 12509  
heard by me on November 6 1920.  
David R. Catnach, Examiner  
Off Conservation Division

CERTIFICATE OF REPORTER

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

I, Steven T. Brenner, Certified Court Reporter and Notary Public, HEREBY CERTIFY that the foregoing transcript of proceedings before the Oil Conservation Division was reported by me; that I transcribed my notes; and that the foregoing is a true and accurate record of the proceedings.

I FURTHER CERTIFY that I am not a relative or employee of any of the parties or attorneys involved in this matter and that I have no personal interest in the final disposition of this matter.

WITNESS MY HAND AND SEAL November 24th, 2000.



STEVEN T. BRENNER  
CCR No. 7

My commission expires: October 14, 2002



**KELLAHIN AND KELLAHIN**

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

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

W. THOMAS KELLAHIN\*

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

JASON KELLAHIN (RETIRED 1991)

October 26, 2000

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

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

*Re: Case 12509: Application of Burlington Resources Oil & Gas Company for approval of an infill pilot project for its Culpepper Martin Area, including unorthodox well locations and exceptions to pool rules for the Basin Dakota Gas Pool*

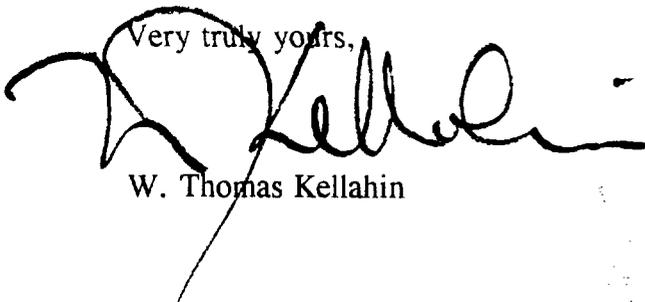
This case was presented to the New Mexico Oil Conservation Division ("Division") at a hearing held on October 19, 2000, seeking approval from the Division for an infill pilot project including six pilot wells, five of which are to be drilled at unorthodox well locations, so that Burlington Resources Oil & Gas Company ("Burlington") can obtain data to assist its technical study of the appropriate well density and well locations for wells drilled in the Basin Dakota Gas Pool. See **attached map**.

Although the Division notice rules for this type of case do not require Burlington to notify you as a royalty owner or an overriding royalty owner, at the conclusion of the hearing, the Division Examiner requested that Burlington send notice of this matter to you. He then continued the case to the hearing docket scheduled for November 16, 2000 in order to provide you with an opportunity to object if you desired to do so. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

Burlington's records reflect that you are either a royalty or overriding royalty owners of an adjoining spacing unit operated by Burlington towards which any of these proposed pilot project wells will encroach. Therefore, please find enclosed a copy of its application to the Division in the referenced matter. As party who may be affected by this application, we are notifying you that you may appear at this hearing and participate in this case, including the right to present evidence either in support of or 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, November 10, 2000, with a copy delivered to the undersigned.

If you have any questions about this case, please call me or Lynda Dean at (505) 326-9760.

Very truly yours,



W. Thomas Kellahin

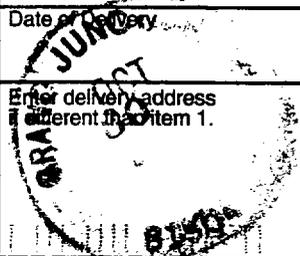
CULPEPPER MARTIN PILOT PROJECT  
DAKOTA 80-ACRE INCREASED DENSITY  
ROYALTY & OVERRIDING ROYALTY INTEREST OWNERS

ADELINE E PRESLAR DTD 10/15/80  
ADRIENNE SUE CHAPMAN  
ALTON K BROWN PERS REP  
ANDE H PETERSON  
BARBARA MOSELEY  
BARBARA N KOONS TRUSTEE  
BEEBE INC  
BENJAMIN JOSEPH MANSFIELD  
BETTYJANE V MORRIS  
BOLACK MINERALS CO  
BUREAU OF LAND MANAGEMENT  
CHARLES SIAU  
D R ZACHRY TEST TRUST  
DARYL JOHN STROPES  
DAVID C DUSENBERY  
DAVID MYERS  
DORIS B HEATH  
DORIS F FAMBRO  
EDWARD DEWAYNE STROPES  
ELIZABETH BEARD TANKSLEY  
ELTA DUSENBERY TRUSTEE OF THE  
EUGENE A HARPER  
FELIX DASHEN  
FINIS DEAN STROPES  
FIRST SECURITY BANK OF NM  
FRANK D GRAHAM  
FRANKLIN PFEIFFER  
FREDERICK A RAY  
GLENN MYERS  
GORDON L GOTTSTEIN  
HANSON MCBRIDE PETROLEUM CO  
HERB MARCHMAN PERS REP  
HERBERT KOKERNOT LEA  
INTERNAL REVENUE SERVICE  
JAMES F EGGERT  
JAMES MYERS  
JAMES W DECKER & T LAVERNE  
JANE BARBARA BAER TRUST  
JANE K BEARD  
JAY GOTTSTEIN TRUSTEE  
JEAN BURROUGHS  
KATHARINE A SHOEMAKER  
KENNON A DECKER PER REP FOR  
LARRY MYERS  
LAURA JEANNE BUTHORN  
LAURA Z ALBRIGHT TRUSTEE  
LINDA BETH RAY LEWIS  
LINDA STROBEL

CULPEPPER MARTIN PILOT PROJECT  
DAKOTA 80-ACRE INCREASED DENSITY  
ROYALTY & OVERRIDING ROYALTY INTEREST OWNERS

LOUIS DREYFUS NATURAL GAS CORP  
M EDWARD RAY  
M H MCGRAIL TRUST  
M JUNE BIXLER  
MACK H WOOLDRIDGE  
MARATHON OIL COMPANY  
MARGARET L DECKER  
MARGARET M B FARMER ADMIN  
MARIA I HARPER  
MARIE I HARPER LIFE ESTATE  
MARQUITA MOSELEY MAYTAG  
MICHAEL MCWILLIAMS  
MICHAEL SCOTT LEA  
MORTIMER A KLINE JR SOLE TRUSTEE  
MYRTLE JO ORZALLI  
NED RALPH DUSENBERY  
NORMAN J RATHMELL  
OIL LEASE PARTNERS  
PAUL SLAYTON  
POLLY MOSELEY ROYCE  
REESE L MILNER II TRUSTEE  
ROBERT JAMES DUSENBERY SUCC TR  
ROBERT L HAMILTON  
ROBERT R DIAL LIFE ESTATE  
ROGER G MYERS  
ROGER J BOLAN TRUSTEE  
RONALD S DAVIS M D  
RUTH DEMEREE  
SHARON LOUISE LEA  
SHIRLEY LINDER HOOPER  
STATE OF NEW MEXICO  
STEPHEN TROY STROPES  
SUSAN TERRY HUNTER PERS REP  
TEXAS ROYALTIES  
TINA MARIE MAAS  
VICTOR HENRY STROPES  
W THOMAS BEARD III  
WALTER E DIAL LIFE TENANT  
WAYNE CULP TRUSTEE  
WELLS FARGO BANK CO NA TRUSTEE  
WILLIAM BOYD STROPES

<b>SENDER:</b> • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>ADELINE E PRESLAR DTD 10/15/80</b> <b>11205 E 35TH PL #59</b>  <b>YUMA, AZ 85367</b>		2. Article Number 7110 6605 9590 0001 4370	
Received By: (Print Name) <i>Adeline Preslar</i>		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> Date of Delivery <b>10-28-00</b>	
Signature - (Addressee or Agent) <i>Adeline E Preslar</i>		Enter delivery address if different than item 1.	
PS Form 3811		<b>DOMESTIC RETURN RECEIPT</b>	
1:39 PM 10/25/2000		Code: Culpepper Martin - BLP Only	

<b>SENDER:</b> • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>ADRIENNE SUE CHAPMAN</b> <b>2975 BOOK CLIFF AVE</b>  <b>GRAND JUNCTION, CO 81504</b>		2. Article Number 7110 6605 9590 0001 4387	
Received By: (Print Name) <i>Adrienne S Chapman</i>		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> Date of Delivery 	
Signature - (Addressee or Agent) <i>Adrienne S Chapman</i>		Enter delivery address if different than item 1.	
PS Form 3811		<b>DOMESTIC RETURN RECEIPT</b>	
1:39 PM 10/25/2000		Code: Culpepper Martin - BLP Only	

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1. Article Addressed to:  <b>ANDE H PETERSON</b> <b>C/O COLORADO STATE EMPLOYEE</b> <b>CREDIT UNION</b> <b>202 MAIN ST</b> <b>GRAND JUNCTION, CO 81501</b>		2. Article Number 7110 6605 9590 0001 4400	
Received By: (Print Name) <i>Kerry Wall</i>		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> Date of Delivery <b>OCT 30 2000</b>	
Signature - (Addressee or Agent) <i>Kerry Wall</i>		Enter delivery address if different than item 1.	
PS Form 3811		<b>DOMESTIC RETURN RECEIPT</b>	

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

BARBARA MOSELEY  
7412 RIO GRANDE BLVD NW  
  
ALBUQUERQUE, NM 87107

2. Article Number

7110 6605 9590 0001 4417

3. Service Type  **CERTIFIED**

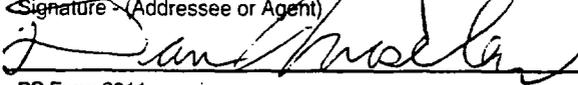
Date of Delivery

10/31/00

Received By: (Print Name)

Dan Moseley

Signature - (Addressee or Agent)



Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

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Code: Culpepper Martin - BUR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
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I also wish to receive the following service (for an extra fee):

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

BARBARA N KOONS TRUSTEE  
BARBARA N KOONS TRUST  
1514 LAS LOMAS NE  
ALBUQUERQUE, NM 87106

2. Article Number

7110 6605 9590 0001 4424

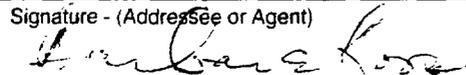
3. Service Type  **CERTIFIED**

Date of Delivery

10-28-00

Received By: (Print Name)

Signature - (Addressee or Agent)



Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - BUR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
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I also wish to receive the following service (for an extra fee):

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

BEEBE INC  
A COLORADO CORPORATION  
660 WHITE AVE  
PO BOX 118  
GRAND JUNCTION, CO 81502

2. Article Number

7110 6605 9590 0001 4431

3. Service Type  **CERTIFIED**

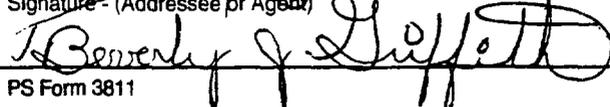
Date of Delivery

10/30/00

Received By: (Print Name)

Beverly J. Griffith

Signature - (Addressee or Agent)



Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - BUR Only

File:

**SENDER:**  
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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):  
 **Restricted Delivery**  
 Consult postmaster for fee.

1. Article Addressed to:  
  
**BENJAMIN JOSEPH MANSFIELD**  
**2615 EVERETT DR**  
  
**RENO, NV 89503-3912**

2. Article Number  
 7110 6605 9590 0001 4448  
 3. Service Type  **CERTIFIED**  
 Date of Delivery  
 10-30-00

Received By: (Print Name)  
**X BEN MANSFIELD**  
 Signature - (Addressee or Agent)  
*X Ben Mansfield*

Enter delivery address if different than item 1.

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Culnaner Martin - RUP Only File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):  
 **Restricted Delivery**  
 Consult postmaster for fee.

1. Article Addressed to:  
  
**BETTYJANE V MORRIS**  
**3102 78TH AVE**  
  
**MILAN, FL 61264-2931**

2. Article Number  
 7110 6605 9590 0001 4455  
 3. Service Type  **CERTIFIED**  
 Date of Delivery  
 10-31

Received By: (Print Name)  
*Betty Morris*  
 Signature - (Addressee or Agent)  
*Betty Morris*

Enter delivery address if different than item 1.

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Culnaner Martin - RUP Only File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
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I also wish to receive the following service (for an extra fee):  
 **Restricted Delivery**  
 Consult postmaster for fee.

1. Article Addressed to:  
  
**BOLACK MINERALS CO**  
**ATTN TOMMY BOLACK**  
**3901 BLOOMFIELD HWY**  
**RT 3 BOX 47**  
**FARMINGTON, NM 87401**

2. Article Number  
 7110 6605 9590 0001 4462  
 3. Service Type  **CERTIFIED**  
 Date of Delivery  
 10-27-00

Received By: (Print Name)  
**EMMITT C. CULVER**  
 Signature - (Addressee or Agent)  
*Emmitt C Culver*

Enter delivery address if different than item 1.

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Culnaner Martin - RUP Only File:

**SENDER:**  
• Complete items 1, 2 and 3.  
• Indicate if restricted delivery is desired.  
• 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**CHARLES SIAU  
1017 W SPRUCE  
  
PORTALES, NM 88130**

2. Article Number

7110 6605 9590 0001 4479

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*Martha Siau*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RUP Only

File:

**SENDER:**  
• Complete items 1, 2 and 3.  
• Indicate if restricted delivery is desired.  
• 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 service (for an extra fee):

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**D R ZACHRY TEST TRUST  
510 DELLWOOD DRIVE  
  
MOUNT PLEASANT, TX 75455**

2. Article Number

7110 6605 9590 0001 4486

3. Service Type  **CERTIFIED**

Date of Delivery

*10/28/00*

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature (Addressee or Agent)

*W. M. D. R. Zachry*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RUP Only

File:

**SENDER:**  
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**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**DARYL JOHN STROPES  
108 NE 3RD AVE  
  
ALEDO, IL 61231**

2. Article Number

7110 6605 9590 0001 4493

3. Service Type  **CERTIFIED**

Date of Delivery

*10-31-00*

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*Jeanette Stropes*  
*Jeanette Stropes*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RUP Only

File:

**SENDER:**  
• Complete items 1, 2 and 3.  
• Indicate if restricted delivery is desired.  
• 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**DAVID MYERS  
140 LAUREL LN  
  
GURLEY, AL 35748**

2. Article Number

7110 6605 9590 0001 4516

3. Service Type  **CERTIFIED**

Date of Delivery

10-30-00

Received By: (Print Name)

Linda Myers

Signature - (Addressee or Agent)

Linda Myers

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RIR Only

File:

**SENDER:**  
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• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**DORIS F FAMBRO  
2 SURREY LN  
  
BRECKENRIDGE, TX 76424-5006**

2. Article Number

7110 6605 9590 0001 4530

3. Service Type  **CERTIFIED**

Date of Delivery

10/28/00

Received By: (Print Name)

Doris Fambro

Signature - (Addressee or Agent)

Doris Fambro

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RIR Only

File:

**SENDER:**  
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• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**EDWARD DEWAYNE STROPES  
811 220TH ST  
  
ALEDO, IL 61231**

2. Article Number

7110 6605 9590 0001 4547

3. Service Type  **CERTIFIED**

Date of Delivery

10-31-00 TK

Received By: (Print Name)

Jackie Stropes

Signature - (Addressee or Agent)

Jackie Stropes

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RIR Only

File:

**SENDER:**

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- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ELIZABETH BEARD TANKSLEY  
PO BOX 720

ALPINE, TX 79831

2. Article Number

7110 6605 9590 0001 4554

3. Service Type  **CERTIFIED**

Date of Delivery

10-31-00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*X Elizabeth Beard Tanksley*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RIR Only

File:

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- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ELTA DUSENBERY TRUSTEE OF THE  
ELTA DUSENBERY FAMILY TRUST  
DATED MARCH 1981  
112 W CHACO  
AZTEC, NM 87410

2. Article Number

7110 6605 9590 0001 4561

3. Service Type  **CERTIFIED**

Date of Delivery

10/27/00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*Jimmy Dusenbery*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RIR Only

File:

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- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

EUGENE A HARPER  
4008 CR 523

BAYFIELD, CO 81122

2. Article Number

7110 6605 9590 0001 4578

3. Service Type  **CERTIFIED**

Date of Delivery

10-28-00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*Eugene A Harper**Eugene A Harper*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RIR Only

File:

**SENDER:**

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- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**FELIX DASHEN**  
**8430 NE 17TH ST**  
**BELLEVUE, WA 98004**

2. Article Number

7110 6605 9590 0001 4585

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*Felix Dashen*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - BUR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**FINIS DEAN STROPES**  
**921 275TH ST**  
**VIOLA, IL 61486**

2. Article Number

7110 6605 9590 0001 4592

3. Service Type  **CERTIFIED**

Date of Delivery

11-2-00 B

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*Finis Stropes*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - BUR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**FIRST SECURITY BANK OF NM**  
**MIRIAM N WASHBURN**  
**PO BOX 600**  
**ALBUQUERQUE, NM 87103**

2. Article Number

7110 6605 9590 0001 4608

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*E. Saun*

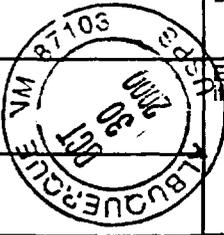
PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - BUR Only

File:



7110 6605 9590 0001 4608

**SENDER:**  
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• Indicate if restricted delivery is desired.  
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• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**FRANK D GRAHAM  
PO BOX 7085  
DALLAS, TX 75209**

2. Article Number

7110 6605 9590 0001 4615

3. Service Type  **CERTIFIED**

Date of Delivery

10/30/00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*F. Graham*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RIR Only

File:

**SENDER:**  
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• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**FRANKLIN PFEIFFER  
1908 W 18TH PL  
YUMA, AZ 85364**

2. Article Number

7110 6605 9590 0001 4622

3. Service Type  **CERTIFIED**

Date of Delivery

10-26-00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*Leta R. Pfeiffer*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RIR Only

File:

**SENDER:**  
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• Write "Return Receipt Requested" on the mailpiece below the article number.  
• The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**FREDERICK A RAY  
10509 VISTA DEL SOL NW  
ALBUQUERQUE, NM 87114**

2. Article Number

7110 6605 9590 0001 4639

3. Service Type  **CERTIFIED**

Date of Delivery

11/1/00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

*K. Colovas*  
*Kathy Colovas*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RIR Only

File:

**SENDER:**  
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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**GLENN MYERS  
 10708 CECILIA DR  
 OKLAHOMA CITY, OK 73162**

2. Article Number

7110 6605 9590 0001 4646

3. Service Type  **CERTIFIED**

Date of Delivery

11 / 1 / 00

Received By: (Print Name)

*Glenn Myers*  
 Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RHP Only

File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**GORDON L GOTTSTEIN  
 9433 NORTH EAST 14TH  
 BELLEVUE, WA 98004**

2. Article Number

7110 6605 9590 0001 4653

3. Service Type  **CERTIFIED**

Date of Delivery

10-30

Received By: (Print Name)

*Mari Anne L. Gottstein*  
 Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RHP Only

File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
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 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**HANSON MCBRIDE PETROLEUM CO  
 PO BOX 1515  
 ROSWELL, NM 88202-1515**

2. Article Number

7110 6605 9590 0001 4660

3. Service Type  **CERTIFIED**

Date of Delivery

10-30-00

Received By: (Print Name)

*Jan Starnes*  
 Signature - (Addressee or Agent)  
 Jan Starnes

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culbenger Martin - RHP Only

File:

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 - The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

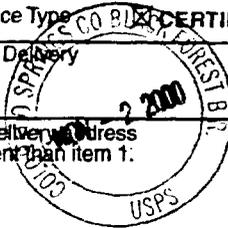
HERB MARCHMAN PERS REP  
 JOHN BURROUGHS ESTATE  
 9350 ARROYA LN  
 COLORADO SPRINGS, CO 80908

2. Article Number

7110 6605 9590 0001 4677

3. Service Type  **CERTIFIED**

Date of Delivery



Received By: (Print Name)

Karen Marchman

Enter delivery address if different than item 1:

Signature - (Addressee or Agent)

Karen Marchman

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RIIR Only

File:

**SENDER:**  
 - Complete items 1, 2 and 3.  
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 - The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

INTERNAL REVENUE SERVICE  
 A/C ARTHUR MYERS  
 445-30-1362  
 PO BOX 149047  
 AUSTIN, OK 78714

2. Article Number

7110 6605 9590 0001 4691

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

RECEIVED

11 01 00

IRS-AUSC

Enter delivery address if different than item 1:

Signature - (Addressee or Agent)

AUSTIN TEXAS

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RIIR Only

File:

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 - The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

JAMES F EGGERT  
 4055 LOS ARABIS DRIVE  
  
 LAFAYETTE, CA 94549

2. Article Number

7110 6605 9590 0001 4707

3. Service Type  **CERTIFIED**

Date of Delivery

11-3-2000

Received By: (Print Name)

James F. Eggert

Enter delivery address if different than item 1:

Signature - (Addressee or Agent)

James F. Eggert

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin - RIIR Only

File:

**SENDER:**  
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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**JAMES MYERS  
 RR3 BOX 2460  
 CUSHING, OK 74023-8909**

2. Article Number

7110 6605 9590 0001 4714

3. Service Type  **CERTIFIED**

Date of Delivery

10/30/00

Received By: (Print Name)

*James Myers*

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Gulpenner Martin - RIR Only File:

**SENDER:**  
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 • Indicate if restricted delivery is desired.  
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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**JAMES W DECKER & T LAVERNE  
 DECKER TRUSTEES  
 DECKER FAMILY LIVING TRUST  
 2407 MUNICIPAL DR  
 FARMINGTON, NM 87401**

2. Article Number

7110 6605 9590 0001 4721

3. Service Type  **CERTIFIED**

Date of Delivery

10-27

Received By: (Print Name)

*Laverne Decker*

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Gulpenner Martin - RIR Only File:

**SENDER:**  
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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**JANE BARBARA BAER TRUST  
 WELLS FARGO BNK (COLORADO) NA  
 TRUST NATL RESOURCES #4931-211  
 PO BOX 5825  
 DENVER, CO 80217-5825**

2. Article Number

7110 6605 9590 0001 4738

3. Service Type  **CERTIFIED**

Date of Delivery

80217

Received By: (Print Name)

*[Signature]*

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Gulpenner Martin - RIR Only File:

**SENDER:**  
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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

JAY GOTTSTEIN TRUSTEE  
 JAY GOTTSTEIN TRUST  
 12230 SAGAMORE RD  
 LEAWOOD, KS 66209-1269

2. Article Number

7110 6605 9590 0001 4752

3. Service Type  **CERTIFIED**

Date of Delivery

11-1-00

Received By: (Print Name)

Jay Gottstein trustee

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

J. Gottstein trustee

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000 Code: Culpepper Martin - RIIR Only File:

**SENDER:**  
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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

JEAN BURROUGHS  
 9350 ARROYA LN  
  
 COLORADO SPRINGS, CO 80908

2. Article Number

7110 6605 9590 0001 4769

3. Service Type  **CERTIFIED**

Date of Delivery

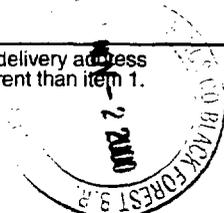
Received By: (Print Name)

Karen Marchman

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

Karen Marchman



PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000 Code: Culpepper Martin - RIIR Only File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

KATHARINE A SHOEMAKER  
 7308 COUNTRY CLUB DR  
  
 ARLINGTON, WA 98223

2. Article Number

7110 6605 9590 0001 4776

3. Service Type  **CERTIFIED**

Date of Delivery

10/30

Received By: (Print Name)

K. Shoemaker

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

K. Shoemaker

PS Form 3811

**DOMESTIC RETURN RECEIPT**

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**LAURA JEANNE BUTHORN**  
**3626 W COMMODORE WAY**  
**SEATTLE, WA 98199**

2. Article Number

7110 6605 9590 0001 4806

3. Service Type  **CERTIFIED**

Date of Delivery

10/31/00

Received By: (Print Name)

Laura Jeanne Buthorn

Signature - (Addressee or Agent)

Laura Jeanne Buthorn

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culhennan Martin - BIR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**LAURA Z ALBRIGHT TRUSTEE**  
**ALBRIGHT LIVING TRUST**  
**5205 REXTON LN**  
**DALLAS, TX 75214**

2. Article Number

7110 6605 9590 0001 4813

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Laura Z Albright

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culhennan Martin - BIR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**LINDA BETH RAY LEWIS**  
**4226 TRUDIA DR**  
**MACON, GA 31206**

2. Article Number

7110 6605 9590 0001 4820

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Linda Beth Lewis

Signature - (Addressee or Agent)

Linda Beth Lewis

Enter delivery address if different than item 1.

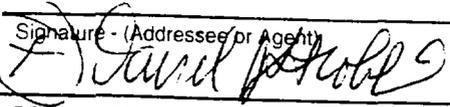
PS Form 3811

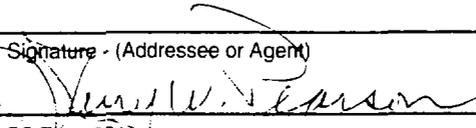
**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culhennan Martin - BIR Only

File:

<b>SENDER:</b> • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>LINDA STROBEL</b> <b>12872 GLEN CIRCLE RD</b>  <b>POWAY, CA 92064</b>		2. Article Number  7110 6605 9590 0001 4837	
Received By: (Print Name)		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> Date of Delivery 10-30-00	
Signature - (Addressee or Agent) 		Enter delivery address if different than item 1.	
PS Form 3811 1:39 PM 10/25/2000		<b>DOMESTIC RETURN RECEIPT</b>	
Code: Culbenger Martin - RTR Only		File:	

<b>SENDER:</b> • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>LOUIS DREYFUS NATURAL GAS CORP</b> <b>14000 QUAIL SPRINGS PKWY STE 600</b>  <b>OKLAHOMA CITY, OK 73134</b>		2. Article Number  7110 6605 9590 0001 4851	
Received By: (Print Name)		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b> Date of Delivery 11-1	
Signature - (Addressee or Agent) 		Enter delivery address if different than item 1.	
PS Form 3811 1:39 PM 10/25/2000		<b>DOMESTIC RETURN RECEIPT</b>	
Code: Culbenger Martin - RTR Only		File:	

<b>SENDER:</b> • Complete items 1,2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>M EDWARD RAY</b> <b>213 S REESE PL</b>  <b>BURBANK, CA 91506</b>		2. Article Number  7110 6605 9590 0001 4868	
		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		Date of Delivery 10/31	
Received By: (Print Name)		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) <i>Ed Ray</i>			

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Culpepper Martin - RIIR Only File:

<b>SENDER:</b> • Complete items 1,2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>M H MCGRAIL TRUST</b> <b>NATIONSBANK</b> <b>PO BOX 840738</b> <b>DALLAS, TX 75284-0738</b>		2. Article Number  7110 6605 9590 0001 4875	
		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		Date of Delivery <b>OCT 31 2000</b>	
Received By: (Print Name) <i>FRANK EATMAN</i>		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) <i>Frank Eatman</i>			

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Culpepper Martin - RIIR Only File:

<b>SENDER:</b> • Complete items 1,2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>M JUNE BIXLER</b> <b>4505 S YOSEMITE ST NO 346</b>  <b>DENVER, CO 80237-2540</b>		2. Article Number  7110 6605 9590 0001 4882	
		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		Date of Delivery	
Received By: (Print Name) <i>M June Bixler</i>		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent)			

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:39 PM 10/25/2000 Code: Culpepper Martin - RIIR Only File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
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 • Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**MACK H WOOLDRIDGE  
 DRAWER 1846  
 ALBANY, TX 76430**

2. Article Number

7110 6605 9590 0001 4899

3. Service Type  **CERTIFIED**

Date of Delivery

10/30/00

Received By: (Print Name)

Signature (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin, BUR Only

File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**MARATHON OIL COMPANY  
 PO BOX 552  
 MIDLAND, TX 79702**

2. Article Number

7110 6605 9590 0001 4905

3. Service Type  **CERTIFIED**

Date of Delivery

OCT 31 2000

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin, BUR Only

File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
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 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**MARGARET L DECKER  
 413 STATE HWY 140  
 HESPERUS, CO 81326**

2. Article Number

7110 6605 9590 0001 4912

3. Service Type  **CERTIFIED**

Date of Delivery

10-27-00

Received By: (Print Name)

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:39 PM 10/25/2000

Code: Culpepper Martin, BUR Only

File:

**SENDER:**

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- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

MARGARET M B FARMER ADMIN  
WALTER A FARMER ESTATE  
449 SAINT GEORGE RD  
STATEN ISLAND, NY 10306

2. Article Number

7110 6605 9590 0001 4929

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbepner Martin - BUR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

MARIA I HARPER  
1053 COUNTY RD 524  
  
BAYFIELD, CO 81122

2. Article Number

7110 6605 9590 0001 4936

3. Service Type  **CERTIFIED**

Date of Delivery

10-28-00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbepner Martin - BUR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

MARIE I HARPER LIFE ESTATE  
EUGENE A HARPER & GLADYS MAE HARPER  
TENANTS IN COMMON REMAINDERMEN  
1053 COUNTY RD 524  
BAYFIELD, CO 81122

2. Article Number

7110 6605 9590 0001 4943

3. Service Type  **CERTIFIED**

Date of Delivery

10-28-00

Received By: (Print Name)

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbepner Martin - BUR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

following service (for an extra fee):

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**MARQUITA MOSELEY MAYTAG  
PO BOX 1024  
SUN VALLEY, ID 83353**

2. Article Number

7110 6605 9590 0001 4950

3. Service Type

 **CERTIFIED**

Date of Delivery

11-7-00

Received By: (Print Name)

*Colleen Love Kassner*

Signature - (Addressee or Agent)

*Colleen Love Kassner*Enter delivery address  
if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbenger-Martin - RUP Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the  
following service (for an extra fee): **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**MICHAEL MCWILLIAMS  
S/S PROPERTY  
7300 FEATHER RIVER DR  
BAKERSFIELD, CA 93308**

2. Article Number

7110 6605 9590 0001 4967

3. Service Type

 **CERTIFIED**

Date of Delivery

11-7-00

Received By: (Print Name)

*Michael Williams*

Signature - (Addressee or Agent)

Enter delivery address  
if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbenger-Martin - RUP Only

File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
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 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:  
  
**NED RALPH DUSENBERY**  
**15426 CO 3 1/4 E**  
  
**YUMA, AZ 85365**

2. Article Number  
  
 7110 6605 9590 0001 5001

3. Service Type  **CERTIFIED**

Date of Delivery  
 10-30-00

Received By: (Print Name)  
*Ned Dusenbery*

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)  
*Ned Dusenbery*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culpepper Martin - RIR Only

File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:  
  
**OIL LEASE PARTNERS**  
**C/O DELORES BOSSE**  
**704 BLACK OAK CT**  
**SAINT AUGUSTINE, FL 32086-5084**

2. Article Number  
  
 7110 6605 9590 0001 5025

3. Service Type  **CERTIFIED**

Date of Delivery  
 10-31-00

Received By: (Print Name)  
*Delores Bosse*

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)  
*Delores Bosse*

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culpepper Martin - RIR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

PAUL SLAYTON  
PO BOX 2035

ROSWELL, NM 88202-2035

2. Article Number

7110 6605 9590 0001 5032

3. Service Type

 **CERTIFIED**

Date of Delivery

Received By: (Print Name)

*Ruby Wickersham - Seaty*

Signature - (Addressee or Agent)

*Ruby Wickersham*

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culberson Martin - RUIR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

POLLY MOSELEY ROYCE  
P O BOX 369

RANCHO SANTA FE, CA 92067-0869

2. Article Number

7110 6605 9590 0001 5049

3. Service Type

 **CERTIFIED**

Date of Delivery

Received By: (Print Name)

*P. Royce*

Signature - (Addressee or Agent)

*Polly M. Royce*

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culberson Martin - RUIR Only

File:

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

REESE L MILNER II TRUSTEE  
OF THE MILNER TRUST 11/2/73  
C/O SHUWARGER & CO, STE 150  
11075 SANTA MONICA BLVD  
LOS ANGELES, CA 90025

2. Article Number

7110 6605 9590 0001 5056

3. Service Type  **CERTIFIED**

Date of Delivery

10/30/00

Received By: (Print Name)

NAEIF

Signature - (Addressee or Agent)

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culpenner Martin - RIIR Only

File:

Enter delivery address if different than item 1.

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ROBERT JAMES DUSENBERY SUCC TR  
OF THE JAMES A DUSENBERY  
FAMILY TRUST DTD MARCH 1981  
112 W CHACO  
AZTEC, NM 87410

2. Article Number

7110 6605 9590 0001 5063

3. Service Type  **CERTIFIED**

Date of Delivery

10/27/00

Received By: (Print Name)

Jimmy Dusenbery

Signature - (Addressee or Agent)

Jimmy Dusenbery

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culpenner Martin - RIIR Only

File:

Enter delivery address if different than item 1.

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ROBERT R DIAL LIFE ESTATE  
REMAINDERMAN RONALD D DIAL  
& RICHARD R DIAL  
PO BOX 1506  
AZTEC, NM 87410

2. Article Number

7110 6605 9590 0001 5087

3. Service Type  **CERTIFIED**

Date of Delivery

10-27-00

Received By: (Print Name)

Carla Dial

Signature - (Addressee or Agent)

Carla Dial

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culpenner Martin - RIIR Only

File:

Enter delivery address if different than item 1.

**SENDER:**

- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ROGER G MYERS  
PO BOX 241

DIBBLE, OK 73031-0241

2. Article Number

7110 6605 9590 0001 5094

3. Service Type

 **CERTIFIED**

Date of Delivery

Received By: (Print Name)

*Roger G Myers*

(Addressee or Agent)

Enter delivery address if different than item 1.



Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbrenner Martin - BUR Only

File:

**SENDER:**

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- Indicate if restricted delivery is desired.
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- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

ROGER J BOLAN TRUSTEE  
OLIVE M FARMER REVOCABLE TRST  
BROOKSTONE BUILDING  
340 E PALM LN STE 125  
PHOENIX, AZ 85004

2. Article Number

7110 6605 9590 0001 5100

3. Service Type

 **CERTIFIED**

Date of Delivery

*10-31-00*

Received By: (Print Name)

*Peggy Felciano*

Signature - (Addressee or Agent)

*Peggy Felciano*

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbrenner Martin - BUR Only

File:

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

RONALD S DAVIS M D  
PO BOX 6912

TYLER, TX 75711

2. Article Number

7110 6605 9590 0001 5117

3. Service Type  **CERTIFIED**

Date of Delivery

11-1-00

Received By: (Print Name)

*Ronald S Davis*

Signature (Addressee or Agent)

*Ronald S Davis*

Enter delivery address if different than item 1.



PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbannan Media - RIP Only

**SENDER:**

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

RUTH DEMEREE  
15 TERRACE HILL RD

BAINBRIDGE, NY 13733

2. Article Number

7110 6605 9590 0001 5124

3. Service Type  **CERTIFIED**

Date of Delivery

10-31-00

Received By: (Print Name)

*Ruth Demeree*

Signature - (Addressee or Agent)

*Ruth Demeree*

Enter delivery address if different than item 1.

Form 3811

**DOMESTIC RETURN RECEIPT**

4:40 PM 10/25/2000

Code: Culbannan Media - RIP Only

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):  
 **Restricted Delivery**  
 Consult postmaster for fee.

1. Article Addressed to:  
  
**SHARON LOUISE LEA**  
**633 TEXAS ST**  
  
**LONGVIEW, TX 75601**

2. Article Number  
 7110 6605 9590 0001 5131  
 3. Service Type  **CERTIFIED**  
 Date of Delivery  
**NOV 8**

Received By: (Print Name)  
*Jack Lea*

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)  
*Jack Lea*

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:40 PM 10/25/2000 Code: Culbenger Martin - RIR Only File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):  
 **Restricted Delivery**  
 Consult postmaster for fee.

1. Article Addressed to:  
  
**SHIRLEY LINDER HOOPER**  
**C/O RONALD M HEM-AIF**  
**WILDMAN HARROLD ALLEN & DIXON**  
**1961 W DOWNER PLACE**  
**AURORA, IL 60506**

2. Article Number  
 7110 6605 9590 0001 5148  
 3. Service Type  **CERTIFIED**  
 Date of Delivery  
**11/2**

Received By: (Print Name)  
*Carol Garrison*

Enter delivery address if different than item 1.

Signature - (Addressee or Agent)

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:40 PM 10/25/2000 Code: Culbenger Martin - RIR Only File:

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
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 • Write "Return Receipt Requested" on the mailpiece below the article number.  
 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**STEPHEN TROY STROPES**  
**108 NE 3RD AVE**  
**ALEDO, IL 61231**

2. Article Number

7110 6605 9590 0001 5162

3. Service Type  **CERTIFIED**

Date of Delivery

10-31-00

Received By: (Print Name)

*Jeanette Stropes*

Signature - (Addressee or Agent)

*Jeanette Stropes*

Enter delivery address if different than item 1.

PS Form 3811

1:40 PM 10/25/2000

Code: Culhennner Martin - RIIR Only

File:

**DOMESTIC RETURN RECEIPT**

**SENDER:**  
 • Complete items 1, 2 and 3.  
 • Indicate if restricted delivery is desired.  
 • 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**SUSAN TERRY HUNTER PERS REP**  
**RUTH F CRAIN ESTATE**  
**PO BOX 1156**  
**CEDAR CREST, NM 87008-1156**

2. Article Number

7110 6605 9590 0001 5179

3. Service Type  **CERTIFIED**

Date of Delivery

Received By: (Print Name)

*SUSAN HUNTER*

Signature - (Addressee or Agent)

*Susan Hunter*

Enter delivery address if different than item 1.

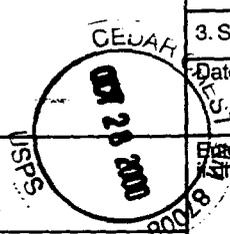
PS Form 3811

1:40 PM 10/25/2000

Code: Culhennner Martin - RIIR Only

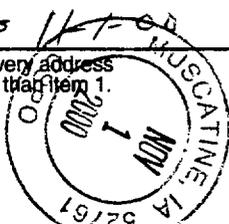
File:

**DOMESTIC RETURN RECEIPT**



<b>SENDER:</b> • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>TEXAS ROYALTIES          PO BOX 3579           MIDLAND, TX 79702</b>		2. Article Number  7110 6605 9590 0001 5186	
		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		Date of Delivery <b>OCT 31 2000</b>	
Received By: (Print Name) <i>Mindy Seiverz</i>		Enter delivery address if different than item 1.	
Signature - (Addressee or Agent) <i>Mindy Seiverz</i>			

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:40 PM 10/25/2000    Code: Culbepner Martin - RIIR Only    File:

<b>SENDER:</b> • Complete items 1, 2 and 3. • Indicate if restricted delivery is desired. • 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 Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following service (for an extra fee): <input type="checkbox"/> <b>Restricted Delivery</b> Consult postmaster for fee.	
1. Article Addressed to:  <b>TINA MARIE MAAS          30617 180 AVE WEST           MUSCATINE, IA 52761</b>		2. Article Number  7110 6605 9590 0001 5193	
		3. Service Type <input checked="" type="checkbox"/> <b>CERTIFIED</b>	
		Date of Delivery <i>NOV 1 2000</i>	
Received By: (Print Name) <i>Tina Marie Maas</i>		Enter delivery address if different than item 1. 	
Signature - (Addressee or Agent) <i>Tina Marie Maas</i>			

PS Form 3811 **DOMESTIC RETURN RECEIPT**  
 1:40 PM 10/25/2000    Code: Culbepner Martin - RIIR Only    File:

**SENDER:**

- Complete items 1, 2 and 3.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

VICTOR HENRY STROPES  
1211 E 1ST ST

MILAN, IL 61264

2. Article Number

7110 6605 9590 0001 5209

3. Service Type  **CERTIFIED**

Date of Delivery

10-31-00

Received By: (Print Name)

Dianna Stropes

Signature - (Addressee or Agent)

Dianna Stropes

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbrenner Martin - RIIR Only

File:

**SENDER:**

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- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

W THOMAS BEARD III  
P O BOX 668

ALPINE, TX 79830

2. Article Number

7110 6605 9590 0001 5216

3. Service Type  **CERTIFIED**

Date of Delivery

10-30-00

Received By: (Print Name)

Val Beard

Signature - (Addressee or Agent)

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbrenner Martin - RIIR Only

File:

**SENDER:**

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- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

 **Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

WALTER E DIAL LIFE TENANT  
5604 RAVELLA DR

FARMINGTON, NM 87402

2. Article Number

7110 6605 9590 0001 5223

3. Service Type  **CERTIFIED**

Date of Delivery

10-28-00

Received By: (Print Name)

WALTER E. DIAL

Signature - (Addressee or Agent)

Walter E. Dial

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbrenner Martin - RIIR Only

File:

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**WAYNE CULP TRUSTEE  
 BOX 583**

**INMAN, SC 29349**

2. Article Number

7110 6605 9590 0001 5230

3. Service Type  **CERTIFIED**

Date of Delivery

*10. 30.00*

Received By: (Print Name)

*Sally M. Culp*

Signature - (Addressee or Agent)

*Sally M. Culp*

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbender Martin - RUP Only

File:

**SENDER:**  
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I also wish to receive the following service (for an extra fee):

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**WELLS FARGO BANK CO NA TRUSTEE  
 SANDRA MOSELEY CHAPMAN TRUST  
 OGM MAC C7324-038  
 PO BOX 5825  
 DENVER, CO 80217-5825**

2. Article Number

7110 6605 9590 0001 5247

3. Service Type  **CERTIFIED**

Date of Delivery

*10/11/00*

Received By: (Print Name)

Signature - (Addressee or Agent)

*[Signature]*

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**

1:40 PM 10/25/2000

Code: Culbender Martin - RUP Only

File:

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 • The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

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

**Restricted Delivery**

Consult postmaster for fee.

1. Article Addressed to:

**WILLIAM BOYD STROPES  
 14876 WASHINGTON RD  
 LOT 132 TIMBERLINE  
 WEST BURLINGTON, IA 52655**

2. Article Number

7110 6605 9590 0001 5254

3. Service Type  **CERTIFIED**

Date of Delivery

*NOV 2 2000 52655 USA*

Received By: (Print Name)

*William B Stropes*

Signature - (Addressee or Agent)

*X William B Stropes*

Enter delivery address if different than item 1.

PS Form 3811

**DOMESTIC RETURN RECEIPT**



**KELLAHIN AND KELLAHIN**

ATTORNEYS AT LAW

EL PATIO BUILDING

117 NORTH GUADALUPE

POST OFFICE BOX 2265

SANTA FE, NEW MEXICO 87504-2265

TELEPHONE (505) 982-4285

TELEFAX (505) 982-2047

W. THOMAS KELLAHIN\*

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

JASON KELLAHIN (RETIRED 1991)

October 26, 2000

**HAND DELIVERED**

Commissioner of Public Lands  
310 Old Santa Fe Trail  
Santa Fe, New Mexico 87501  
Attn: Jeff Alpers

*Re: Case 12509: Application of Burlington Resources Oil & Gas Company for approval of an infill pilot project for its Culpepper Martin Area, including unorthodox well locations and exceptions to pool rules for the Basin Dakota Gas Pool*

Dear Mr. Alpers:

This case was presented to the New Mexico Oil Conservation Division ("Division") at a hearing held on October 19, 2000, seeking approval from the Division for an infill pilot project including six pilot wells, five of which are to be drilled at unorthodox well locations, so that Burlington Resources Oil & Gas Company ("Burlington") can obtain data to assist its technical study of the appropriate well density and well locations for wells drilled in the Basin Dakota Gas Pool. **See attached map.**

Although the Division notice rules for this type of case do not require Burlington to notify you as a royalty owner, at the conclusion of the hearing, the Division Examiner (David R. Catanach) requested that Burlington send notice of this matter to you. He then continued the case to the hearing docket scheduled for November 16, 2000 in order to provide you with an opportunity to object if you desired to do so. Burlington presented its witnesses and exhibits at the hearing on October 19, 2000 and does not plan any further presentation unless there is an objection filed. The hearing will be held at the Division hearing room located at 2040 South Pacheco, Santa Fe, New Mexico.

Commissioner of Public Lands

October 26, 2000

-Page 2-

A review of the plat shows that the Davis Well #7F in Unit C of Section 11 will encroach on the S/2 of Section 2 which is a 320-acre GPU operated by Burlington and communitized with a State of New Mexico lease. This location is unorthodox based upon archeological, topographical and BLM reasons but is still located in a pattern and position to be suitable for a pilot project well. **See topo map enclosed.**

The S/2 of Section 2 currently has two wells, the Patterson "P" Com Well No. 1E and the Patterson "A" Com Well No. 1. Burlington does not believe that granting the well location exception will impair correlative rights due to the low reservoir permeability, low reservoir pressure, low rates of production and the presence of the Wells 1E and 1. Due to these factors, reservoir drainage is unlikely to be very large and any potential adverse impact that may occur to offsetting GPUs may be accelerated by only a few months. During the test period, Burlington will have an opportunity to best decide if any drainage is occurring and if so, then chose when and where to locate a "protection well". Burlington considers the benefits of obtaining this data to further study the proper well density for this pool to outweigh the fact that this well has a potentially small drainage area and a low probability of being an economic success.

For your information, the Bureau of Land Management had concerns about many of the pilot wells but has already reviewed this matter and expressed to the Division its recommendation and support for approval of the project.

As requested by Examiner Catanach, please find enclosed a copy of its application to the Division in the referenced matter. As a party who may be affected by this application, we are notifying you that you may appear at this hearing and participate in this case, including the right to present evidence either in support of or 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, November 10, 2000, with a copy delivered to the undersigned.

If you have any questions about this case, please call me or Lynda Dean at (505) 326-9760.

Very truly yours,

W. Thomas Kellahin

cc: Oil Conservation Division

Attn: David R. Catanach

cc: Burlington Resources Oil & Gas Company

Attn: Alan Alexander