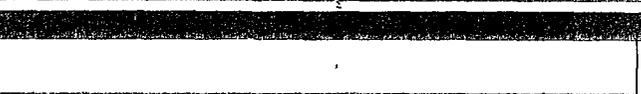


PS Form

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

7000 0520 0022 9542 6329



Postage	\$	12/25/01
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recip) **NM&O OPERATING COMPANY** (Iter)  
 Street **6 E. 5<sup>TH</sup> STREET, SUITE 200**  
 City, S **TULSA, OK 74103**

Is your RETURN ADDRESS completed on the reverse side?

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**NM&O OPERATING COMPANY**  
**6 E. 5<sup>TH</sup> STREET, SUITE 200**  
**TULSA, OK 74103**

4a. Article Number  
**7000 0520 0022 9542 6329**

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

7. Date of Delivery  
**1-25**

5. Received By: (Print Name)  
**Heleen Thomas**

6. Signature: (Addressee or Agent)  
**X Heleen Thomas**

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 152 933 623

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)  
 Sent to  
**JOHANSEN ENERGY PARTNERSHIP**  
 Street & Number **PO BOX 1773**  
 Post Office, State & ZIP+4<sup>®</sup> **WHITEFISH, MT 59937**

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	\$

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**JOHANSEN ENERGY PARTNERSHIP**  
**PO BOX 1773**  
**WHITEFISH, MT 59937**

4a. Article Number  
**Z 152 933 623**

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

7. Date of Delivery  
**1-18**

5. Received By: (Print Name)

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

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

BEFORE THE OIL CONSERVATION DIVISION  
 Santa Fe, New Mexico  
 Case No. **12633** Exhibit No. **4A**  
 Submitted by:  
**McElvain Oil & Gas Properties, Inc.**  
 Hearing Date: **April 5, 2001**

Z 152 933 620

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

SENT GAVILAN DOME PROPERTIES

1180 CEDARWOOD DRIVE

MORAGA, CA 94556

Post Office, State, & ZIP Code

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

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GAVILAN DOME PROPERTIES  
1180 CEDARWOOD DRIVE  
MORAGA, CA 94556

4a. Article Number

Z 152 933 620

4b. Service Type

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

7. Date of Delivery

1-16-01

5. Received By: (Print Name)

MRS M. E. KEENE WSDCC

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 152 933 617

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

SENT HUNTING T. WALKER

2961 S. FILLMORE WAY

DENVER, CO 80210

Post Office, State, & ZIP Code

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

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HUNTING T. WALKER  
2961 S. FILLMORE WAY  
DENVER, CO 80210

4a. Article Number

Z 152 933 617

4b. Service Type

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

7. Date of Delivery

JAN 11 2001

5. Received By: (Print Name)

H. Walker

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 152 933 616

US Postal Service  
Receipt for Certified Mail

No Insurance Coverage Provided.  
Do not use for International Mail. (See reverse)

Sent to **JOE ELLEDGE**  
Street & Number **PO BOX 111**  
**FARMINGTON, NM 87499**  
Post Office, State, & ZIP Code

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**JOE ELLEDGE**  
**PO BOX 111**  
**FARMINGTON, NM 87499**

4a. Article Number

**2152 933 616**

4b. Service Type

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

7. Date of Delivery

**1-17-1**

5. Received By: (Print Name)

*Randy Elledge*

6. Signature: (Addressee or Agent)

*Randy Elledge*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 152 933 611

US Postal Service  
Receipt for Certified Mail

No Insurance Coverage Provided.  
Do not use for International Mail. (See reverse)

Sent to **COUGAR CAPITAL, LLC**  
Street & Number **5862 CROMO DRIVE, SUITE 199**  
**EL PASO, TX 79912**  
Post Office, State, & ZIP Code

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**COUGAR CAPITAL, LLC**  
**5862 CROMO DRIVE, SUITE 199**  
**EL PASO, TX 79912**

4a. Article Number

**2152 933 611**

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**X**

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 152 933 612

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

Sent to	
JAMES RAYMOND	
PO BOX 1445	
KERRVILLE, TX	
Post Office, State, & ZIP Code	
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	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

JAMES RAYMOND  
PO BOX 1445  
KERRVILLE, TX

**4a. Article Number**

2152 933 612

**4b. Service Type**

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

**7. Date of Delivery**

1-16-01

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

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

X

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

PO BOX 1445  
Kerrville TX 78022

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 152 933 624

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

Sent to	
DUGAN PRODUCTION CORP.	
PO BOX 420	
FARMINGTON, NM 87499-420	
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	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

**B. Article Addressed to:**

DUGAN PRODUCTION CORP.  
PO BOX 420  
FARMINGTON, NM 87499-420

**4a. Article Number**

7 152 933 624

**4b. Service Type**

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

**7. Date of Delivery**

1/16/01

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

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

William E. Sherlock

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 152 933 621

US Postal Service  
Receipt for Certified Mail  
No insurance coverage provided.  
Do not use for international mail (See reverse)

3800, April 1995 PS Form

3. Article Addressed to:  
MESA GRANDE RESOURCES  
1200 PHILTOWER BLDG  
TULSA, OK 74103

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

PS Form 3800, April 1995

Completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
2152 933621

4b. Service Type  
 Registered  
 Express Mail  
 Certified  
 Insured  
 COD

7. Date of Delivery  
1-16-01 JAN 19 2001

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

Thank you for using Return Receipt Service.

Z 152 933 619

US Postal Service  
Receipt for Certified Mail  
No insurance coverage provided.  
Do not use for international mail (See reverse)

102595-97-B-0179

3. Article Addressed to:  
NEUMANN FAMILY TRUST  
C/O PETER C. NEUMAN  
P.O. BOX 1170  
RENO, NV 89504

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

PS Form 3800, April 1995

Completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
2.  Restricted Delivery

Consult postmaster for fee.

4a. Article Number  
2152 933619

4b. Service Type  
 Registered  
 Express Mail  
 Certified  
 Insured  
 COD

7. Date of Delivery  
JAN 19 2001

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

Thank you for using Return Receipt Service.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994

Z 152 933 LIA

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

Sent to	<b>NOSECO CORPORATION</b>
Street	<b>7400 LAKESIDE DRIVE</b>
City	<b>RENO, NV 89511</b>
Post Office, State, & ZIP Code	
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	

PS Form 3800, April 1995

is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**NOSECO CORPORATION  
 7400 LAKESIDE DRIVE  
 RENO, NV 89511**

4a. Article Number

2152 933618

4b. Service Type

- Registered       Certified  
 Express Mail       Insured  
 Return Receipt for Merchandise       COD

7. Date of Delivery

1-12-61

5. Received By: (Print Name)

HANSEN

6. Signature: (Addressee or Agent)

X M. Hansen

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

Thank you for using Return Receipt Service.