BEFORE THE NEW MEXICO OIL CONSERVATION DIVISION

APPLICATION OF CHI ENERGY, INC. FOR COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO. **Case No. 12654**

AFFIDAVIT REGARDING NOTICE

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

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

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

2. I am an attorney for Applicant.

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

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letters and certified return receipts are attached hereto as Exhibit A.

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

James Bruce

James Bruce

SUBSCRIBED AND SWORN TO before me this 19th day of September, 2001, by James Bruce.

Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION
CASE NUMBER _____
EXHIBIT 5

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

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

April 11, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: All Interest Owners:

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding a well in the W½ of Section 9, Township 22 South, Range 25 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, May 3, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

Very truly yours,

James Bruce

James Bruce

Attorney for Chi Energy, Inc.

PARTIES BEING POOLED

Bucky Harris
2503 Ridgeiew Drive
Farmington, New Mexico 87401

Duane Berryhill, conservator for
Wallace J. Berryhill
7000 W. Highway 66
Grants, New Mexico 87020

D. J. Elkins
Box 959
Aztec, New Mexico 87410

Duwana Gay Hopper
Box 2
Bluewater, New Mexico 87005

Jean Roundy
87 South 400 West
Manti, Utah 84642
435-835-0518

Lawrence Elkins
P.O. Box 36
Prewitt, New Mexico 87045

Mr. Bill Elkins
Box 2676
Snowflake, AZ 85937
520-536-7353

Mr. Bobby Ray McKinley
Box 1-U
Pie Town, New Mexico 87827

Mr. Dave P. Elkins
P.O. Box 77
Navajo Shopping Center
Gamerco, New Mexico 87317
?Is he one in the same as Dave
Elkins

Mr. Don McKinley
RR 1, Box 850A
Wilcox, AZ 85643

Mr. Duane Berryhill
7000 W. Highway 66
Grants, New Mexico 87020

Mr. Fred V. Elkins
P.O. Box 62
Grants, New Mexico 87020
?is he one in same as Fred Elkins

Mr. Gary Tietjen
293 Los Pueblos
Los Alamos, New Mexico 87544

Mr. Jack Elkins
720 Aspen
Grants, New Mexico 87020

Mr. Jerry Tietjen
~~General Delivery~~ Box 323
Ramah, New Mexico 87321

Mr. Jim Elkins
P.O. Box 476
Macon, Ms 39341

Mr. Joe Tietjen
1455 Caballo Lane
Bosque Farms, New Mexico
87068
505-869-2295

Mr. Larry Elkins
P.O. Box 2051
Milan, New Mexico 87021

Mr. Larry Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

Mr. Lynn Elkins
P.O. Box 1377
Grants, New Mexico 87020

Mr. Mark Elkin, Jr.
Box 84
Ramah, New Mexico 87321

Mr. Phillip Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

Mr. Sam Elkins
Duncan Store Road
Pinon, New Mexico 88344

Mr. Tom Tietjen
HCR 43125 East Road
Homer, Alaska 99603

Mr. Wayne Harris
P.O. Box 4003
Ambrosia, New Mexico 87020

Mrs. Nelda Rae McPhaul
P.O. Box 2Y
Pie Town, New Mexico 87827

Ms. Betty Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

Ms. Edna Tietjen
Box 101
Ramah, New Mexico 87321

Ms. Glenda K. Bybee
Sherida Farm Route No. 8
Buffalo , Wyoming 82834

Ms. Hattie B. Elkins
P.O. Box 62
Grants, New Mexico 87020

Ms. Ina Mae Hoffman
330 East 550 North
Bountiful, Utah 84010

Ms. Mildred Elkins Allen
P.O. Box 1594
Grants, New Mexico 87020

Ms. Sheryl Tietjen Clawson
Box 192
Ramah, New Mexico 87321

Ms. Thelma Jo Elkins
P.O. Box 322
Ramah, New Mexico 87321

Ms. Tyra-Van Belle
Rt. 2, Box 289-F
Aztec, New Mexico 87410

Mr. Keith Elkins
Thoreau, New Mexico 87323

Mr. Henry Elkins
1328 N. First Street
Grants, New Mexico 87020

Mr. Kia Elkins
New Laguna, New Mexico 87038

Mr. Dave Elkins
Box 100
Gameroo, New Mexico 87317

Phillip Harris conservator of Est.
of Ms. Tanya Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

Mr. Tommy L. Elkins
2041 Lakeview Road, SW
Albuquerque, New Mexico
87105

Mr. Lewis Eugene "Buddy"
Marable
Box 1232
Grants, New Mexico 87020
May be in Milan, NM

Mrs. Sherry S. Elkins
Farmington, New Mexico

Mrs. Soelia Marable Jones
Larry Jones, husband
Pie Town, New Mexico

Mr. Lee Davis and Carian Davis
aka Karen Davis
P.O. Box 86
Eufaula, Oklahoma 74432

Mr. K. Bryan Reeves
P.O. Box 10143
Midland, Texas 79702
Section 9: N/2SW/4 only
0.0104166

Shackelford Oil Properties, Inc.
P.O. Box 2265
Roswell, New Mexico 88202
Section 8: SE/4 only

Henry Clark and Bernetta Clark,
H&W, JT
Oklahoma?

C. H. Patterson, probably decd
Shawnee, Oklahoma

Lucille Hayes, probably decd
Shawnee, Oklahoma

Clifford Patterson, probably decd
Shawnee, Oklahoma

Fred Elkins
Box 1004
Grants, New Mexico 87020

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

7000 0520 0021 6898 0512

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name *(Please Print Clearly)* *(To be completed by mailer)*
Ms. Thelma Jo Elkins
Street, Apt. No.; or P.O. Box 322
City, State, ZIP+ 4 Ramah, New Mexico 87321

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. K. Bryan Reeves
P.O. Box 10143
Midland, Texas 79702
Section 9: N/2SW/4 only
0.0104166

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4-16-01
C. Signature X Mary M Rees ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0635

PS Form 3811, July 1999 Domestic Return Receipt Cli 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Thelma Jo Elkins
P.O. Box 322
Ramah, New Mexico 87321

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Jean Elkins B. Date of Delivery 04-19-01
C. Signature X Thelma Jo Elkins ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RAMAH NM APR 19 2001 USPS 87321

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0512

PS Form 3811, July 1999 Domestic Return Receipt Cli 102595-00-M-0952

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

7000 0520 0021 6898 0635

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name *(Please Print Clearly)* *(To be completed by mailer)*
Mr. K. Bryan Reeves
P.O. Box 10143
Midland, Texas 79702
Section 9: N/2SW/4 only
0.0104166
Street, Apt. No.; or P.O. Box
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0550

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM 87501-9998 APR 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No. Mr. Kin Elkins
New Laguna, New Mexico 87038

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shackelford Oil Properties, Inc.
P.O. Box 2265
Roswell, New Mexico 88202
Section 8: SE/4 only

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

ROSWELL NM 88201 2001 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0642

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Kin Elkins
New Laguna, New Mexico 87038

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X Shannon Montoya ☐ Agent
Personnal Representative ☑ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 14 2001 87020 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0550

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

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

7000 0520 0021 6898 0642

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM 87501-9998 APR 21 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or PO Shackelford Oil Properties, Inc.
P.O. Box 2265
Roswell, New Mexico 88202
Section 8: SE/4 only

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0598

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Lewis Eugene "Buddy" Marable
Box 1232
Grants, New Mexico 87020
May be in Milan, NM

Street, Apt. No.

City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Lewis Eugene "Buddy" Marable
Box 1232
Grants, New Mexico 87020
May be in Milan, NM

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PAULA ELKINS
B. Date of Delivery

C. Signature
X Paula Elkins ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

GRANTS NM 87020

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0376

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Lewis Eugene "Buddy" Marable
Box 1232
Grants, New Mexico 87020
May be in Milan, NM

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery 4-13-01

C. Signature
X Lewis E. Marable ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0598

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

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

7000 0520 0021 6898 0376

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Lynn Elkins
P.O. Box 1377
Grants, New Mexico 87020

Street, Apt. No.:

City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 USPS Postmark Here APR 11 2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Lawrence Elkins
P.O. Box 36
Prewitt, New Mexico 87045

Street, Apt. No.;
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0021 6898 0239

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lawrence Elkins
P.O. Box 36
Prewitt, New Mexico 87045

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Edith Elkins — B. Date of Delivery 4-12-01

C. Signature
X Edith Elkins ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0239

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Fred V. Elkins
P.O. Box 62
Grants, New Mexico 87020
This is one in same as Fred Elkins

GRANTS NM 87020 APR

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) FRED ELKINS — B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0291

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 USPS Postmark Here APR 11 2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Fred V. Elkins
P.O. Box 62
Grants, New Mexico 87020
This is one in same as Fred Elkins

Street, Apt.
City, State,

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0021 6898 0291

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

7000 0520 0021 6898 0314

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.5
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87504-9998 APR 11 2001 USPS Postmark Here

Recipient's Name *(Please Print Clearly)* *(To be completed by mailer)*
Mr. Jack Elkins
Street, Apt. No.; 720 Aspen
City, State, ZIP+ Grants, New Mexico 87020

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fred Elkins
Box 1004
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4/14

C. Signature
X Gary Teitjen ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
10200 CORONADO 87122

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0697

PS Form 3811, July 1999 Domestic Return Receipt Cli 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Jack Elkins
720 Aspen
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X Melba Lee ☐ Agent ☑ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RAMAH NM FEB 16 2001 USPS 87327

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0314

PS Form 3811, July 1999 Domestic Return Receipt Cli 102595-00-M-0952

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

7000 0520 0021 6898 0697

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.5
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 USPS Postmark Here

Recipient's Name *(Please Print Clearly)* *(To be completed by mailer)*
Fred Elkins
Street, Apt. No.; Box 1004
City, State, ZIP+ 4 Grants, New Mexico 87020

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0437

CH1

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. N: Mrs. Nelda Rae McPhaul
P.O. Box 2Y
City, State, Z: Pie Town, New Mexico 87827

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Dave P. Elkins
P.O. Box 77
Navajo Shopping Center
Gamerco, New Mexico 87317
Is he one in the same as Dave Elkins

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:

GAMERCO, NM RPO APR 13 2001 USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0260

PS Form 3811, July 1999 Domestic Return Receipt CH1 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mrs. Nelda Rae McPhaul
P.O. Box 2Y
Pie Town, New Mexico 87827

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 4/14/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0437

PS Form 3811, July 1999 Domestic Return Receipt CH1 102595-00-M-0952

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

7000 0520 0021 6898 0260

CH1

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

USPS Postmark Here APR 13 2001 87501-9998

Recipient's Mr. Dave P. Elkins
P.O. Box 77
Street, Apt. No. Navajo Shopping Center
Gamerco, New Mexico 87317
City, State, ZIP Is he one in the same as Dave Elkins

be completed by mailer)

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0253

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here — SANTA FE NM 87501-9998 — APR 2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No: Mr. Bobby Ray McKinley, Box 1-U
City, State, ZIP: Pie Town, New Mexico 87827

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Duane Berryhill
7000 W. Highway 66
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

APR 17 2001 — USPS 87021

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0284

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Bobby Ray McKinley
Box 1-U
Pie Town, New Mexico 87827

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Sue Farrington — B. Date of Delivery 04-17-01

C. Signature
X Sue Farrington ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0253

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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

7000 0520 0021 6898 0284

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here — SANTA FE NM 87501-9998 — APR 2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No: Mr. Duane Berryhill, 7000 W. Highway 66
City, State, ZIP: Grants, New Mexico 87020

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0520 0021 6898 0246

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM 87501-9998 USPS Postmark Here APR 11 2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Mr. Bill Elkins
Box 2676
Snowflake, AZ 85937
520-536-7353

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Larry Elkins
P.O. Box 2051
Milan, New Mexico 87021

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature
X Larry Elkins ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MILAN NM APR 16 2001 87021

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0352

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Bill Elkins
Box 2676
Snowflake, AZ 85937
520-536-7353

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery 4-16-01

C. Signature
X Mary Ann Elkins ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0246

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

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

7000 0520 0021 6898 0352

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM 87501-9998 Postmark Here APR 11 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Mr. Larry Elkins
P.O. Box 2051
Milan, New Mexico 87021

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0277

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 13 2001 Postmark Here USPS

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*

Street, Apt. No.; or PO Box No.: Mr. Don McKinley
RR 1, Box 850A
City, State, ZIP+4: Wilcox, AZ 85643

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Don McKinley
RR 1, Box 850A
Wilcox, AZ 85643

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0277

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Sam Elkins
Duncan Store Road
Pinon, New Mexico 88344

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Linda Parker | B. Date of Delivery: 4-14-01

C. Signature
X [signature] ☑ Agent ☐ Addressee

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No
170 Bluewater Creek Rd

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0406

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0406

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501 Postmark Here APR 13 2001 USPS

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*

Street, Apt. No.; or PO Box No.: Mr. Sam Elkins
Duncan Store Road
City, State, ZIP+4: Pinon, New Mexico 88344

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0383

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; Mr. Mark Elkin, Jr.
Box 84
City, State, ZIP+ 4 Ramah, New Mexico 87321

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Mark Elkin, Jr.
Box 84
Ramah, New Mexico 87321

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Jean Elkins 04-19-01

C. Signature
X Mark Elkin ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RAMAH NM APR 19 2001 USPS 87321

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0383

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Lee Davis and Carian Davis
aka Karen Davis
P.O. Box 86
Enfaula, Oklahoma 74432

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
EUFAULA, OK APR 16 2001 USPO

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0628

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6898 0628

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

USPS SANTA FE NM 87501 9998 Postmark Here APR 11 2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Mr. Lee Davis and Carian Davis
Street, Apt. No.; or PO aka Karen Davis
P.O. Box 86
City, State, ZIP+ 4 Enfaula, Oklahoma 74432

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0611

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mrs. Suelia Marable Jones
Larry Jones, husband
Pie Town, New Mexico

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Edna Tietjen
Box 101
Ramah, New Mexico 87321

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X Melba Tietjen ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RAMAH NM APR 16 2001 USPS 87327

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0451

PS Form 3811, July 1999 Domestic Return Receipt Cli 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mrs. Suelia Marable Jones
Larry Jones, husband
Pie Town, New Mexico

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Larry Jones B. Date of Delivery 4-14-01

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0611

PS Form 3811, July 1999 Domestic Return Receipt Cli 102595-00-M-0952

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

7000 0520 0021 6898 0451

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Edna Tietjen
Box 101
Ramah, New Mexico 87321

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0468

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 17 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Glenda K. Bybee
Sheridan Farm Route No. 8
Buffalo, Wyoming 82834

Street, Apt. No.; or PO Box
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jerry Tietjen
P.O. Box 323
Ramah, New Mexico 87321

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Nelda Tietjen B. Date of Delivery 04/25/01
C. Signature X Nelda Tietjen ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RAMAH NM APR 25 2001 USPS 87321

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0600 0024 3122 8063

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Glenda K. Bybee
Sheridan Farm Route No. 8
Buffalo, Wyoming 82834

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Glenda Bybee B. Date of Delivery 4/21/01
C. Signature X Glenda Bybee ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
106 Greub Rd

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0468

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0600 0024 3122 8063

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

USPS Postmark Here APR 23 2001 SANTA FE NM 87501-9998

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Jerry Tietjen
P.O. Box 323
Ramah, New Mexico 87321

Street, Apt. No.; or PO Box
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0475

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Ms. Hattie B. Elkins
P.O. Box 62
Grants, New Mexico 87020

Street, Apt. No.; or PO

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Dave Elkins
Box 100
Gamerco, New Mexico 87317

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X Agent / Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

GAMERCO NM APR 23 2001

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0567

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Hattie B. Elkins
P.O. Box 62
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Hattie B. Elkins B. Date of Delivery

C. Signature
X Hattie B. Elkins Agent / Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

GRANTS NM APR 23 2001 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0475

PS Form 3811, July 1999 Domestic Return Receipt CHI 102595-00-M-0952

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

7000 0520 0021 6898 0567

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

USPS SANTA FE NM 87501-9998 APR 11 2001 Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Mr. Dave Elkins
Box 100
Gamerco, New Mexico 87317

Street, Apt. No.; or

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6898 0222

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here
SANTA FE NM 87501-9998
APR 11 2001
USPS

Recipient's Name (To be completed by mailer)
Jean Roundy
87 South 400 West
Manti, Utah 84642
435-835-0518

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Tom Tietjen
HCR 43125 East Road
Homer, Alaska 99603

53125 East End Rd.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Christine Tietjen
B. Date of Delivery: 4-19-2001

C. Signature
X Christine Tietjen ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MH

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0413

PS Form 3811, July 1999 Domestic Return Receipt Chi 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jean Roundy
87 South 400 West
Manti, Utah 84642
435-835-0518

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)
B. Date of Delivery: 4-21-01

C. Signature
X Karen Roundy ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6898 0222

PS Form 3811, July 1999 Domestic Return Receipt Chi 102595-00-M-0952

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

7000 0520 0021 6898 0413

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
APR 11 2001
Postmark Here
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Tom Tietjen
HCR 43125 East Road
Homer, Alaska 99603

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

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

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Duane Berryhill, conservator for
Wallace J. Berryhill
7000 W. Highway 66
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature

X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6898 0192

eturn Receipt

102595-00-M-0952

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

7000 0520 0021 6898 0192

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

USPS Postmark Here APR 11 2001 SANTA FE NM 87501-9998

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Duane Berryhill, conservator for
Wallace J. Berryhill
7000 W. Highway 66
Grants, New Mexico 87020

Street, Apt. No.; or

City, State, ZIP+ 4

PS Form 3800, February 2000 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Ina Mae Hoffman
330 East 550 North
Bountiful, Utah 84010

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature

X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0482

[redacted] turn Receipt Chi 102595-00-M-0952

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

7000 0520 0021 6898 0482

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Chi

SANTA FE NM 87501-9998
APR 1 2001
Postmark Here
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Ms. Ina Mae Hoffman
330 East 550 North
Bountiful, Utah 84010

Street, Apt. No.; o

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jim Elkins
PO Box 476
Macon, MS 39341

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0024 3122 8049

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Cli

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

7000 0600 0024 3122 8049

Postage	$ 0.55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 MAR 18 2004 USPS

Postmark Here

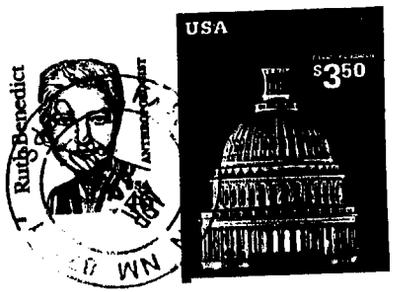
Recipient's Name *(Please Print Clearly)* (to be completed by mailer)
Jim Elkins
Street, Apt. No., or PO Box No.
PO Box 476
City, State, ZIP+4
Macon, MS 39341

PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

7000 0520 0021 6898 0444



RETURNED TO SENDER
UNCLAIMED

4-12 | 4-17 | 4-27

Ms. Betty Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

1ST NOTICE 5-1
2ND NOTICE
RETURN

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

7000 0520 0021 6898 0444

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CH1

SANTA FE NM 87501-9998
APR 1 Postmark
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Betty Harris
Street, Apt. No. 2503 Ridgeview Drive
Farmington, New Mexico 87401
City, State, ZIP+ 4

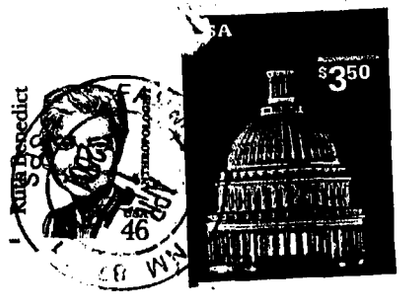
PS Form 3800, February 2000 — See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

7000 0520 0021 6898 0574



4-12 | 4-17
4-27 Ret

RETURNED TO SENDER
UNCLAIMED

Phillip Harris conservator of Est.
of Ms. Tanya Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

RTS 5-1-01
1ST NOTICE
2ND NOTICE
RETURN

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

7000 0520 0021 6898 0574

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CH1

USPS Postmark SANTA FE NM APR 11 2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Phillip Harris conservator of Est. of Ms. Tanya Harris

Street, Apt. No.; or PO 2503 Ridgeview Drive

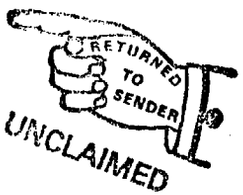
City, State, ZIP+ 4 Farmington, New Mexico 87401

PS Form 3800, February 2000 — See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

7000 0520 0021 6898 0369



4-12 | 4-17 | 4-27 ret (21)

Mr. Larry Harris
2303 Ridgeview Drive
Farmington, New Mexico 87401

1ST NOTICE 5-1
2ND NOTICE _____
RETURN _____

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

Postage	$ .55
Certified Fee	1.9
Return Receipt Fee (Endorsement Required)	1.5
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

c'ld

SANTA FE NM 87501 APR 11 2001 USPS

7000 0520 0021 6898 0369

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Larry Harris
2303 Ridgeview Drive
Farmington, New Mexico 87401
Street, Apt. No.; or P
City, State, ZIP+ 4

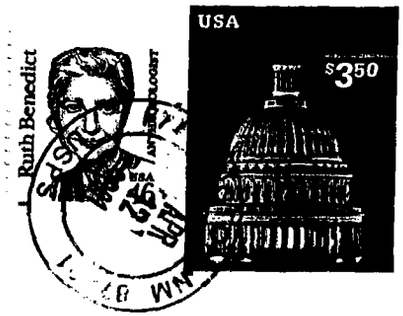
PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

7000 0520 0021 6898 0185



RETURNED TO SENDER
UNCLAIMED

2

4/7 L
4-17 4-27 ret

Bucky Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401
UNCLAIMED

RTS 5-1
1ST NOTICE
2ND NOTICE
RETURN

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

Postage	$ 0.55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CLT

SANTA FE NM 87501-9998
USPS
Postmark Here
APR 2001

7000 0520 0021 6898 0185

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or
Bucky Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

City, State, ZIP+ 4

PS Form 3800, Februar 2000 See Reverse for Instructions

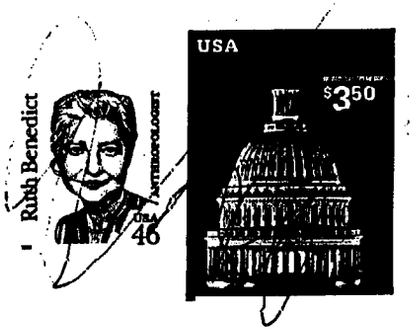
CERTIFIED MAIL

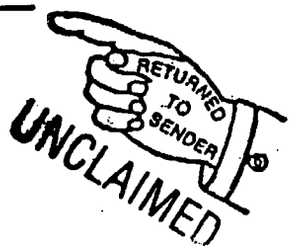
JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

MAY 07 2001

1ST NOTICE _____
2ND NOTICE _____
RETURN _____

7000 0520 0021 6898 0581





L/N 4/12/01

Name _____
1st Notice 4-12
2nd Notice 4-19
Return 4-27

Mr. Tommy L. Elkins
2041 Lakeview Road, SW
Albuquerque, New Mexico
87105

87504/1056

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CH1

SANTA FE NM APR 11 2001 Postmark Here 87501-9998

7000 0520 0021 6898 0581

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Tommy L. Elkins
Street, Apt. No.; or
2041 Lakeview Road, SW
City, State, ZIP+ 4
Albuquerque, New Mexico
87105

PS Form 3800, February 2000 See Reverse for Instructions

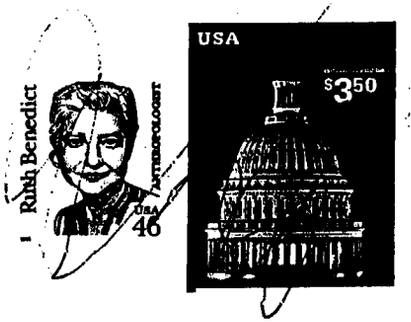
CERTIFIED MAIL

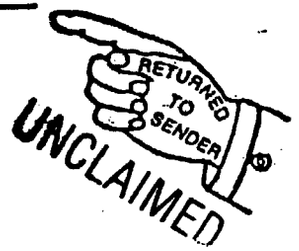
JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

MAY 07 2001

1ST NOTICE _____
2ND NOTICE _____
RETURN _____

7000 0520 0021 6898 0581





L/N 4/12/01

Name _____
1st Notice 4-12
2nd Notice 4-19
Return 4-27

Mr. Tommy L. Elkins
2041 Lakeview Road, SW
Albuquerque, New Mexico
87105

87504/1056

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

Postmark Here
SANTA FE NM 87501-9998
APR 11 2001
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Tommy L. Elkins
Street, Apt. No.; or
2041 Lakeview Road, SW
Albuquerque, New Mexico
City, State, ZIP+ 4
87105

7000 0520 0021 6898 0581

PS Form 3800, February 2000 — See Reverse for Instructions

CERTIFIED MAIL

JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1
SANTA FE, NEW MEXICO 87504

MAY 03 2001

7000 0520 0021 6898 0390

ALBUQUERQUE NM 871
PM
11 APR
2001

USA $3.50

RETURN

RETURNED TO SENDER
UNCLAIMED

4-14
4-30 Ret

Mr. Phillip Harris
2503 Ridgeview Drive
Farmington, New Mexico 87401

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501
APR 11 2001
Postmark Here
USPS

7000 0520 0021 6898 0390

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Phillip Harris
Street, Apt. No.; o 2503 Ridgeview Drive
City, State, ZIP+ 4 Farmington, New Mexico 87401

PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL

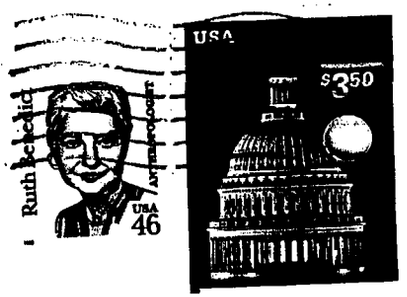
JAMES BRUCE
ATTORNEY AT LAW
POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

MAY 11 2001

1ST
2ND

7000 0520 0021 6898 0307

ALBUQUERQUE NM 87101 PM 11 APR 2001



☐ Not Deliverable As Addressed
Unable To Forward
☐ Insufficient Address
☐ Moved, Left No Address
☒ Unclaimed ☐ Refused
☐ Attempted-Not Known
☐ No Such Street ☐ Number
☐ Vacant ☐ Illegible
☐ No Mail Receptacle
☐ Box Closed-No Order
☐ Returned For Better Address
☐ Postage Due

2807

4-12
4-17
4-27

Mr. Jack Elkins
720 Aspen
Grants, New Mexico 87020

87504/1056

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

7000 0520 0021 6898 0307

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CH61

SANTA FE NM 87501-9998 APR 11 2001 Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or Mr. Gary Tietjen
293 Los Pueblos
Los Alamos, New Mexico 87544

City, State, ZIP+ 4

PS Form 3800, February 2000 — See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

THOREAU NM 87323 APR 13 2001

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Keith Elkins
Thoreau, New Mexico 87323

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0536

PS Form 3811, July 1999 Domestic Return Receipt Chi 102595-00-M-0952

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

7000 0520 0021 6898 0536

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CH1

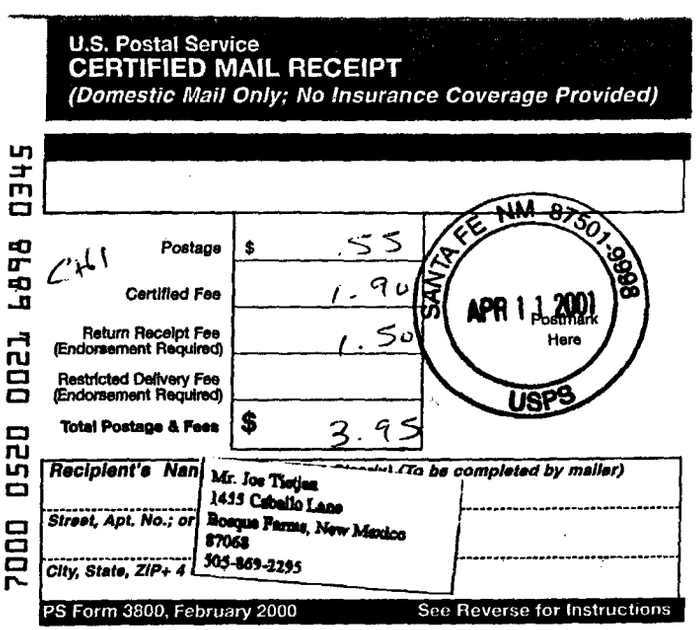
SANTA FE NM 87501-9998 APR 1 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No., or PO Box No. Mr. Keith Elkins
Thoreau, New Mexico 87323

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions



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

7000 0520 0021 6898 0345

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

C+I

SANTA FE NM 87501-9998
APR 11 2001
Postmark Here
USPS

Recipient's Name (To be completed by mailer)
Mr. Joe Tietjen
Street, Apt. No.; or
1455 Caballo Lane
City, State, ZIP+ 4
Bosque Farms, New Mexico
87068
505-869-2295

PS Form 3800, February 2000 See Reverse for Instructions

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

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Tyra-Van Belle
Rt. 2, Box 289-F
Aztec, New Mexico 87410

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
98 0529

ic Return Receipt

102595-00-M-0952

AZTEC NM 87410
APR 13
2001

7000 0520 0021 6898 0529

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

CH1 Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
Apr
Postmark Here
2001
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Ms. Tyra-Van Belle
Rt. 2, Box 289-F
Aztec, New Mexico 87410

Street, Apt. No.; or

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

D. J. Elkins
Box 959
Aztec, New Mexico 87410

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery APR 13 2001

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6898 0208

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 USPS APR 13 2001 Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or P
D. J. Elkins
Box 959
Aztec, New Mexico 87410

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Sheryl Tietjen Clawson
Box 192
Ramah, New Mexico 87321

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
[redacted]8 0505

PS Form 3811, July 1999 Domestic Return Receipt CRi 102595-00-M-0952

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

7000 0520 0021 6896 0505

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CRI

SANTA FE NM 87501-9998
APR 1 2001
Postmark Here
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Sheryl Tietjen Clawson
Street, Apt. No.; or PO Box No. Box 192
Ramah, New Mexico 87321
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Wayne Harris
P.O. Box 4003
Ambrosia, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
980420

ic Return Receipt Chi 102595-00-M-0952

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

7000 0520 0021 6498 0420

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

crtl

SANTA FE NM 87501-9998
APR 11 2001
Postmark Here
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Street, Apt. No.; or P
City, State, ZIP+ 4
Mr. Wayne Harris
P.O. Box 4003
Ambrosia, New Mexico 87020

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Durwana Gay Hopper
Box 2
Bluewater, New Mexico 87005

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0520 0021 6898 0215

PS Form 3811, February 2000 Domestic Return Receipt CHI 102595-00-M-0952

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

7000 0520 0021 6898 0215

Postage	$ .55
CHI	
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
USPS
APR
Postmark Here
2001

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Durwana Gay Hopper
Box 2
Bluewater, New Mexico 87005
Street, Apt. No.; or
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Henry Elkins
1328 N. First Street
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
0543

c Return Receipt Chi 102595-00-M-0952

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

2000 0520 0021 6898 0543

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

CHI

SANTA FE NM 87501-9998
APR 11 2000
Postmark Here
USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mr. Henry Elkins
Street, Apt. No 1328 N. First Street
Grants, New Mexico 87020
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Mildred Elkins Allen
P.O. Box 1594
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
? 0499

Return Receipt CHI 102595-00-M-0952

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

Postage	$ .55
CHI Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998
USPS
Postmark Here
APR 11 2001

7000 0520 0021 6898 0499

***Recipient's Name** (Please Print Clearly) (To be completed by mailer)*

Ms. Mildred Elkins Allen
P.O. Box 1594
Grants, New Mexico 87020

Street, Apt. No.;
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

3304 CAMINO LISA
HYDE PARK ESTATES
SANTA FE, NEW MEXICO 87501

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

August 2, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and Gentlemen:

Enclosed is a copy of an application for compulsory pooling, filed with the New Mexico Oil Conservation Division by Chi Energy, Inc., regarding a well in the W½ of Section 9, Township 22 South, Range 25 East, NMPM, Eddy County, New Mexico. This matter will be heard at 8:15 a.m. on Thursday, August 23, 2001 at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the well unit, you have the right to appear at the hearing and participate in the case. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are requested to notify the Division, and the undersigned, by Friday, August 17, 2001, if you intend to enter an appearance and participate in the case. **Please note** that the case may be continued to a hearing at a later date, so please contact the undersigned if you intend to appear.

Very truly yours,

James Bruce

Attorney for Chi Energy, Inc.

EXHIBIT A

Tonya Harris
Bucky Harris
Wayne Harris
Larry Harris
Phil Harris
Betty Harris
Tyra Van Belle
50001 Mead Lane
Farmington, New Mexico 87402

Bobby Ray McKinley
Box 1-U
Pie Town, New Mexico 87827

Dan McKinley
P.O. Box 754
Tucumcari, New Mexico 88401

Sherry Elkins
2812 Ladera Drive
Farmington, New Mexico 87401

Duwanna Gay Hopper
426 West Kiowa Road
Hobbs, New Mexico 88240

Glenda Rae Bybee
106 Grueb Road
Buffalo, Wyoming 82834

Ina May Hoffman
Wallace Berryhill
Duane Berryhill
Nelda Rae McPhaul
Box 2-Y
Pie Town, New Mexico 87827

Suella Marable Jones
P.O. Box 120
Luna, New Mexico 87824

Lewis Eugene Marable
Jack Elkins Estate
Hattie B. Elkins
Ken Elkins
Keith Elkins
Dave Elkins
Lynn Elkins
D.J. Elkins
Fred Elkins
P.O. Box 62
Grants, New Mexico 87020

Henry Elkins Estate
Sue Elkins
Larry Elkins
P.O. Box 2066
Milan, New Mexico 87021

Jean Elkins Estate
Mark Elkins, Jr.
Thelma Jo Elkins
P.O. Box 402
Bluewater, New Mexico 87005

Sam Elkins
Duncan Store Road
Pinon, New Mexico 88344

Bill Elkins
P.O. Box 2676
Snowflake, Arizona 85937

Jim Elkins
P.O. Box 21
Bluewater, New Mexico 87005

Jean Roundy
87 South 400 West
Manti, Utah 84642

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

7000 0520 0021 6897 9622

Postage	$ .57
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.47

Postmark Here: SANTA FE NM AUG 4 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Nelda Rae McPhaul
Box 2-Y
Pie Town, New Mexico 87827

PS Form 3800, February 2000 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bill Elkins
P.O. Box 2676
Snowflake, Arizona 85937

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery

C. Signature
X Mary Lou Elkins — ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SNOWFLAKE AZ 85937 AUG 6 2001

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6897 9684

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nelda Rae McPhaul
Box 2-Y
Pie Town, New Mexico 87827

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery
8/2/01

C. Signature
X — ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6897 9622

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-00-M-0952

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

7000 0520 0021 6897 9684

Postage	$ .57
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.47

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Bill Elkins
P.O. Box 2676
Snowflake, Arizona 85937

PS Form 3800, February 2000 — See Reverse for Instructions

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

7000 0520 0021 6897 9592

Postage	$ .37
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.19

SANTA FE, NM AUG 4 Postmark Here 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Sherry Elkins
Street, Apt. No.; or PO Box No. 2812 Ladera Drive
City, State, ZIP+4 Farmington, New Mexico 87401

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sherry Elkins
2812 Ladera Drive
Farmington, New Mexico 87401

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sherry Elkins B. Date of Delivery 8/7
C. Signature X Sherry Elkins ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9592

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FC: 29926 2378 paid
1291
Suella Marable Jones
P.O. Box 120
Luna, New Mexico 87824

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Larry Jones B. Date of Delivery 8-10-01
C. Signature X ☑ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9639

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6897 9639

Postage	$ .37
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.19

SANTA FE, NM AUG 4 Postmark 2001 USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Suella Marable Jones
Street, Apt. No.; or PO P.O. Box 120
City, State, ZIP+4 Luna, New Mexico 87824

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6897 9653

Postage	$ .57
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.47

SANTA FE, NM AUG 1 2001 Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Henry Elkins Estate
Sue Elkins
Street, Apt. No.; or PO Box No. Larry Elkins
P.O. Box 2066
City, State, ZIP+4 Milan, New Mexico 87021

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Glenda Rae Bybee
106 Grueb Road
Buffalo, Wyoming 82834

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Glenda Rae Bybee — B. Date of Delivery 8-11-01

C. Signature — X [signature] — ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9615

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Henry Elkins Estate
Sue Elkins
Larry Elkins
P.O. Box 2066
Milan, New Mexico 87021

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) — B. Date of Delivery

C. Signature — X [signature] — ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MILAN NM AUG 13 2001 USPS 87021

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9653

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6897 9615

Postage	$ .57
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.47

SANTA FE, NM AUG 1 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Glenda Rae Bybee
Street, Apt. No.; or PO Box No. 106 Grueb Road
Buffalo, Wyoming 82834
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

7000 0520 0021 6897 9608

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

Postage	$ .57
Certified Fee	2.16
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.63

AUG 4 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Duwanna Gay Hopper
Street, Apt. No.; or PO Box No. 426 West Kiowa Road
City, State, ZIP+ 4 Hobbs, New Mexico 88240

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jean Elkins Estate
Mark Elkins, Jr.
Thelma Jo Elkins
P.O. Box 402
Bluewater, New Mexico 87005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 8-7-01

C. Signature X Thelma Jo Elkins ☐ Agent ☑ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

BLUEWATER, NM AUG 07 2001

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9660

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Duwanna Gay Hopper
426 West Kiowa Road
Hobbs, New Mexico 88240

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 8-9-01

C. Signature X Duwanna Gay Hopper ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9608

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7000 0520 0021 6897 9660

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

Postage	$ 1.57
Certified Fee	2.16
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.23

FE, NM AUG 4 2001 Postmark Here USPS

Recipient's Name Jean Elkins Estate
Mark Elkins, Jr.
Street, Apt. No.; or PO Box No. Thelma Jo Elkins
P.O. Box 402
City, State, ZIP+ 4 Bluewater, New Mexico 87005

(to be completed by mailer)

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6897 9691

Postage	$ .54
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.43

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Jim Elkins
Street, Apt. No.; or PO Box No. P.O. Box 21
City, State, ZIP+ 4 Bluewater, New Mexico 87005

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fred Elkins
P.O. Box 62
Grants, New Mexico 87020

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) FRED ELKINS B. Date of Delivery

C. Signature X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

AUG 7 2001 USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9646

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jim Elkins
P.O. Box 21
Bluewater, New Mexico 87005

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 8-9-01

C. Signature X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

BLUEWATER, N.M. AUG 09 2001

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9691

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6897 9646

Postage	$ .57
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.47

SANTA FE, NM AUG 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Fred Elkins
Street, Apt. No.; or PO Box No. P.O. Box 62
City, State, ZIP+ 4 Grants, New Mexico 87020

PS Form 3800, February 2000 See Reverse for Instructions

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

7000 0520 0021 6897 9561

Postage	$ .57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

FARMINGTON NM AUG 2001 USPS Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Tyra Van Belle
Street, Apt. No.; or PO Box No. 50001 Mead Lane
City, State, ZIP+ 4 Farmington, New Mexico 87402

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jean Roundy
87 South 400 West
Manti, Utah 84642

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 8/8/01

C. Signature
X Karen Roundy ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9707

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tyra Van Belle
50001 Mead Lane
Farmington, New Mexico 87402

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) TYRA VANBELLE B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

FARMINGTON NM 87401 AUG 9 2001 USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7000 0520 0021 6897 9561

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

7000 0520 0021 6897 9707

Postage	$ .57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

FARMINGTON NM AUG 4 2001 USPS Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Jean Roundy
Street, Apt. No.; or PO Box No. 87 South 400 West
City, State, ZIP+ 4 Manti, Utah 84642

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bobby Ray McKinley
Box 1-U
Pic Town, New Mexico 87827

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0021 6897 9578

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

Postage	$ .57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

AUG 2 Postmark Here

7000 0520 0021 6897 9578

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Bobby Ray McKinley
Street, Apt. No.; or PO Box No. Box 1-U
City, State, ZIP+4 Pic Town, New Mexico 87827

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Sheryl Tietjen Clawson
Box 192
Ramah, New Mexico 87321

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
[redacted]80505

PS Form 3811, July 1999 Domestic Return Receipt CKI 102595-00-M-0952

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

7000 0520 0021 6898 0505

CKI Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 1 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Ms. Sheryl Tietjen Clawson
Street, Apt. No.; or PO Box No.
Box 192
Ramah, New Mexico 87321
City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

D. J. Elkins
Box 959
Aztec, New Mexico 87410

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 13 2001

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7000 0520 0021 6898 0208

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

Postage	$ .55
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.95

SANTA FE NM 87501-9998 APR 13 2001 Postmark Here USPS

***Recipient's Name** (Please Print Clearly) (To be completed by mailer)*

Street, Apt. No.; or P
D. J. Elkins
Box 959
Aztec, New Mexico 87410

City, State, ZIP+ 4

PS Form 3800, February 2000 See Reverse for Instructions