

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

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

Recipient's Name (Please Print Clearly) (To be completed by addressee)  
**COUGAR CAPITAL, LLC**  
 Street, Apt. No., or PO Box No.  
**200 EAST SUNSET, SUITE E**  
**EL PASO, TX 79922**  
 City, State, ZIP+4

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**COUGAR CAPITAL, LLC**  
**200 EAST SUNSET, SUITE E**  
**EL PASO, TX 79922**

4a. Article Number  
**70005200229542702**

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

7. Date of Delivery  
**MAY 17 2001**

5. Received By: (Print Name)  
**DANA L BEATRICE**

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

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

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

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

Recipient's Name (Please Print Clearly) (To be completed by addressee)  
**GAVILAN DOME PROPERTIES**  
 Street, Apt. No., or PO Box No.  
**1800 CEDARWOOD DRIVE**  
**MORAGA, CA 94556**  
 City, State, ZIP+4

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**GAVILAN DOME PROPERTIES**  
**1800 CEDARWOOD DRIVE**  
**MORAGA, CA 94556**

4a. Article Number  
**700052002295427119**

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

7. Date of Delivery  
**5/18/01**

5. Received By: (Print Name)  
**[Signature]**

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

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service

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

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

Recipient's Name (Please Print Clearly) (To be completed by addressee)  
**DUGAN PRODUCTION CORP.**  
 Street, Apt. No., or PO Box No.  
**709 EAST MURRAY DRIVE**  
**FARMINGTON, NM 87499**  
 City, State, ZIP+4

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**DUGAN PRODUCTION CORP.**  
**709 EAST MURRAY DRIVE**  
**FARMINGTON, NM 87499**

4a. Article Number  
**700052002295427152**

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

7. Date of Delivery  
**5/18/01**

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

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

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

BEFORE THE OIL CONSERVATION DIVISION  
 Santa Fe, New Mexico  
 Case No. 12691 Exhibit No. 4  
 Submitted by:  
 McElvain Oil & Gas Properties, Inc.  
 Hearing Date: July 12, 2001

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

Postage	\$
Certified Fee	
Return Receipt Fee (endorsement Required)	
Restricted Delivery Fee (endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (To be completed by addressee)  
**JOE ELLEDGE**  
 Street, Apt. No., or P.O. Box No.  
**P.O. BOX 111**  
**FARMINGTON, NM 87401**  
 City, State, ZIP+4

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**JOE ELLEDGE**  
**P.O. BOX 111**  
**FARMINGTON, NM 87401**

4a. Article Number  
**700 0520 00229542 7120**

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

7. Date of Delivery  
**MAY 20 2001**  
**USPS**

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

6. Signature: (Addressee or Agent)  
*X Randy Elledge*

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

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

Postage	\$
Certified Fee	
Return Receipt Fee (endorsement Required)	
Restricted Delivery Fee (endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (To be completed by addressee)  
**JAMES M. RAYMOND**  
 Street, Apt. No., or P.O. Box No.  
**P.O. BOX 291445**  
 City, State, ZIP+4  
**KERVILLE, TX 78029-1445**

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
**JAMES M. RAYMOND**  
**P.O. BOX 291445**  
**KERVILLE, TX 78029-1445**

4a. Article Number  
**7000 0520 0022 9542 726**

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

7. Date of Delivery  
**5/17/01**

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

6. Signature: (Addressee or Agent)  
*X Bob Williams*

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

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**NOSECO CORPORATION**  
Street, Apt. No.: **400 LAKESIDE DRIVE**  
**RENO, NV 89511**  
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.

Article Addressed to:  
**NOSECO CORPORATION  
400 LAKESIDE DRIVE  
RENO, NV 89511**

Article Number (Copy from service label)  
**7000 0520 0022 9544 6105**

S Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Harold M. Hansen**  
B. Date of Delivery  
C. Signature  
X **H. M. Hansen**  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0952

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**PETER C. NEUMANN, TRUSTEE**  
Street, Apt. No.: **ONE ELM COURT STREET**  
**RENO, NV 89501**  
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.

Article Addressed to:  
**PETER C. NEUMANN, TRUSTEE  
NEUMAN FAMILY TRUST  
ONE ELM COURT STREET  
RENO, NV 89501**

Article Number (Copy from service label)  
**7000 0520 0022 9544 7171**

S Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **S-4-01**  
B. Date of Delivery  
C. Signature  
X **Peter C. Neumann**  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0952

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**WILLIAMS PRODUCTION CO**  
Street, Apt. No.: **P.O. BOX 3102**  
**TULSA, OK 74101**  
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.

Article Addressed to:  
**WILLIAMS PRODUCTION CO  
P.O. BOX 3102  
TULSA, OK 74101**

Article Number (Copy from service label)  
**7000 0520 0022 9544 7188**

S Form 3811, July 1999 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **STAN ALLEN**  
B. Date of Delivery **07 2001**  
C. Signature  
X **Stan Allen**  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee)  Yes

102595-00-M-0952

*Cougar Com 32-2*

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

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

I also wish to rec following service: extra fee):

- 1.  Address
- 2.  Restrict

Consult postmast

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

*[Handwritten Signature]*  
 Postmark Here  
*1/30*

3. Article Addressed to:  
**JOHANSEN ENERGY PARTNERSHIP**  
**P.O. BOX 1773**  
**WITFISH, MT 59937**

4a. Article Number  
7000 0520 0022  
 4b. Service Type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 7. Date of Delivery

Recipient's **JOHANSEN ENERGY PARTNERSHIP**  
**P.O. BOX 1773**  
 Street, Apt. No. **WITFISH, MT 59937**  
 City, State, ZIP+ 4

5. Received By: (Print Name)

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

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

PS Form 3800, February 2000 See Reverse for Instructions

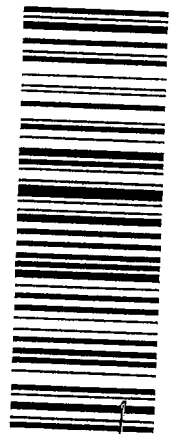
PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

The

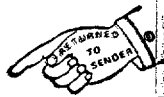
**CERTIFIED MAIL**



7000 0520 0022 9542 7140

**McELVAIN OIL & GAS PROPERTIES, INC.**

**JOHANSEN ENERGY PARTNERSHIP**  
**P.O. BOX 1773**  
**WITFISH, MT 59937**



- 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

INDEPENDENCE PLAZA 1050 17TH STREET • SUITE 1800 • DENVER, CO 80265  
 PHONE (303) 893-0933 • FAX (303) 893-0914

*Collegian Com 30-2*  
*Ed. Don Clark*

**RETURN TO SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Your name and address on the reverse of this form so that we can return this to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 The return receipt will show to whom the article was delivered and the date of delivery.

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

Article Addressed to:  
**MESA GRANDE RESOURCES, INC.**  
**1318 PHILTOWER BLDG**  
**TULSA, OK 74103**

4a. Article Number: 7000 0520 0022 9542 7096  
 4b. Service Type:  
 Registered  
 Certified  
 Insured  
 Express Mail  
 Return Receipt for Merchandise  
 7. Date of Delivery:  
 8. Addressee's Address (Only if fee is paid):

Received By: (Print Name)  
 Signature: (Addressee or Agent)  
 X

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

Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required) \$  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$  
 Recipient's Name (Please Print Clearly) (To be completed by mailer)  
**MESA GRANDE RESOURCES, INC**  
**1318 PHILTOWER BLDG**  
**TULSA, OK 74103**



**McELVAIN OIL & GAS PROPERTIES, INC.**

**MESA GRANDE RESOURCES, INC.**  
**1318 PHILTOWER BLDG**  
**TULSA, OK 74103**

REASON CHECKED  
 Unclaimed  
 Refused  
 Attempted Not Known  
 Insufficient Address  
 No Such Street  
 No Such Number  
 No Such Office in State  
 Do not remain in this envelope

*Noticed 3/5 26*

*1st 5/10/01*  
*2nd 5-12*  
*3rd 5-23*

PENDENCE PLAZA 1050 17TH STREET • SUITE 1800 • DENVER, CO 80265  
 PHONE (303) 893-0933 • FAX (303) 893-0914

REASON CHECKED  
 Unclaimed  
 Refused  
 Attempted Not Known  
 Insufficient Address  
 No Such Street  
 No Such Number  
 No Such Office in State  
 Do not remain in this envelope