

Submitted by:
McElvain Oil & Gas Properties, Inc.
Hearing Date: September 20, 2001

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
		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.		A. Received by (Please Print Clearly) <u>C. R. MORRIS</u> B. Date of Delivery <u>5-16-9</u>	
		Article Addressed to:		C. Signature <u>X C R Morris</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		Post Office: <u>Arriba Company Ltd.</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		P. O. Box 35304		3. Service Type <u>Return Rept.</u>	
		Tulsa, OK 74153		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		Article Number (Copy from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		<u>7000-0520-0022-9542-6013</u>			

PS Form 3800, February 2000 See Reverse for Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
		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.		A. Received by (Please Print Clearly) <u>C. R. MORRIS</u> B. Date of Delivery <u>5-16-9</u>	
		Article Addressed to:		C. Signature <u>X C R Morris</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		Post Office: <u>Hooper, Kimball & Williams, Inc.</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		5550 South Lewis, Suite 301		3. Service Type <u>Return Rept</u>	
		Tulsa, OK 74105		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		Article Number (Copy from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		<u>7000-0520-0022-9542-6020</u>			

PS Form 3800, February 2000 See Reverse for Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7099 3220 0006 3444 5475

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

Article Sent To:

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

Name **Noseco Corporation** **NOS**
7400 East Murray Drive **7400**
Street **Reno, Nevada 89511** **REN**
City, St

PS Form 3800, July 1999 See Reverse for

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
7400 LAKESIDE DRIVE
RENO, NV 89511

Number (Copy from service label)
7099 3220 0006 3444 5475
3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **HAROLD M. HANSEN** B. Date of Delivery **MAY 31 2001**

C. Signature **X H.M. Hansen** ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Stamp: **RENO NV STEAMBOAT BRANCH MAY 31 2001**

Domestic Return Receipt 102595-00-M-0952

7099 3220 0006 3444 5464

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

Article Sent To:

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

Name **NM&O Operating Company**
6 East 5th Street, Suite 200
Street **Tulsa, OK 74103**
City, St

PS Form 3800, July 1999 See Reverse for

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:

NM&O Operating Company
6 East 5th Street, Suite 200
Tulsa, OK 74103

Article Number (Copy from service label)
7099 3220 0006 3444 5464
3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Heber Thomas** B. Date of Delivery **5/19**

C. Signature **X Heber Thomas** ☐ Agent ☒ Addressee

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt 102595-00-M-0952

7099 3220 0006 3444 5877

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

SENDER: COMPLETE THIS SECTION

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total

Name Petco Limited
 P. O. Box 911
 Street, Breckenridge, TX 76424-0911
 City, St

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:

Petco Limited
 P. O. Box 911
 Breckenridge, TX 76424-0911

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cheryl B. 3. Date of Delivery 5-14-01
 C. Signature X Cheryl B. ☐ Agent ☐ Addressee
 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

Article Number (Copy from service label)

7099 3220 0006 3444 5877

PS Form 3800, July 1999

See Reverse for

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0005 9425 5233

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

SENDER: COMPLETE THIS SECTION

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total

Name (P) Ibex Partnership
 P. O. Box 911
 Street, A Breckenridge, TX 76424-0911
 City, St

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:

Ibex Partnership
 P. O. Box 911
 Breckenridge, TX 76424-0911

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cheryl Bird 3. Date of Delivery 5-14-01
 C. Signature X Cheryl Bird ☐ Agent ☐ Addressee
 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

Article Number (Copy from service label)

7099 3220 0005 9425 5233

PS Form 3800, July 1999

See Reverse for

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0006 3444 5907

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

 (Domestic Mail Only; No Insurance Coverage) **SENDER: COMPLETE THIS SECTION**

Article Sent To:

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:

Carolyn Clark Oatman
Drawer 310
Bastrop, TX 78602

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total F

Name (i)

Carolyn Clark Oatman
Drawer 310

Street,

Bastrop, TX 78602

City, St

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

PS Form 3800, July 1999

See Rev

Article Number (Copy from service label)

7099 3220 0006 3444 5907

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0005 9425 5226

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

 (Domestic Mail Only; No Insurance Coverage) **SENDER: COMPLETE THIS SECTION**

Article Sent To:

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:

Premier Operating Co.
P. O. Box 35984
Tulsa, OK 74153-0984

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Name (Please)

Premier Operating Co.
P. O. Box 35984
Tulsa, OK 74153-0984

Street, Apt. N

City, State, Zi

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

PS Form 3800, July 1999

See Rev

Article Number (Copy from service label)

7099 3220 0005 9425 5226

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7099 3220 0006 3444 5488

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

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Name (P)

Ne

Street, A

P.O.

City, State

Reno

Neumann Family Trust
c/o Peter C. Neumann
P. O. Box 1170
Reno, NV 89504

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:

Ma Neumann Family Trust
c/o Peter C. Neumann
P. O. Box 1170
Reno, Nevada 89504

Article Number (Copy from service label)

7099 3220 0006 3444 5488

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

MAY 16 2001

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

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:

May Williams Production Company
P. O. Box 3102
Tulsa, OK 74101

Article Number (Copy from service label)

7000 0520 0022 9542 5887

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

MAY 16 2001

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

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

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Williams Production Company

P. O. Box 3102

Street, A

Tulsa, OK 74101

City, State

PS Form 3800, February 2000

See Reverse for Instructions

7000 0520 0022 9542 5887

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Recipient: Gavilan Dome Properties
1800 Cedarwood Drive
Moraga, CA 94556
City, State, Zip

PS Form 3800, February 2000

See Reverse for

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

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

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

1000-0520-0022-9542-6006

4b. Service Type

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

7. Date of Delivery

5/14/01

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage

Recipient: Mesa Grande Ltd.
6 East 5th Street, Suite 200
Tulsa, OK 74103
City, State, Zip

PS Form 3800, February 2000

See Reverse for

SENDER:

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

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mesa Grande Ltd.
6 East 5th Street, Suite 200
Tulsa, OK 74103

4a. Article Number

1000-0520-0022-9542-5993

4b. Service Type

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

7. Date of Delivery

5-14

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service

Return Coleya Com 5-2

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

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total F

Name (Warren Clark Trust
Box 73
Street, Austin, TX 78767
City, St.

May 11

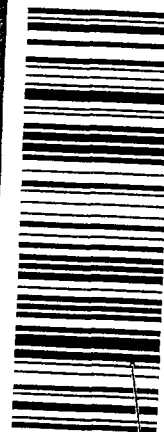
Postmark
Here

PS Form 3800, July, 1999

See Reverse for Instructions

7099 3220 0006 3444 5884

CERTIFIED MAIL



7099 3220 0006 3444 5884

Return Receipt Requested

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:

Warren Clark Trust
Box 73
Austin, TX 78767

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

Article Number (Copy from service label)

7099 3220 0006 3444 5884

Revised Copy #5-2

RETURNED TO SENDER

REASON CHECKED

Unclaimed ☐ Refused ☐

Attempted Not Known ☐

Insufficient Address ☒

No Such Street Number ☐

No Such Office in State ☐

Do Not Remail in This Envelope ☐

Testamentary Trust u/w/o W. Clark
Box 1846
Austin, TX 78767

AAK

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

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

May 11
Postmark Here

Name Testamentary Trust u/w/o W. Clark
Street Box 1846
City, St. Austin, TX 78767

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0006 3444 5891

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:

Testamentary Trust u/w/o W. Clark
Box 1846
Austin, TX 78767

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature ☒ Agent ☐ Addressee

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

2. Article Number (Copy from service label)
7099 3220 0006 3444 5891

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

CERTIFIED MAIL

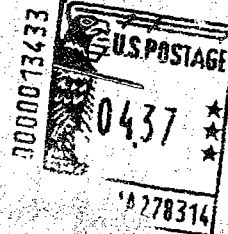
Return Receipt Requested

7099 3220 0006 3444 5891



7000 0520 0022 9542 5986

Return Receipt Requested



REQUEST

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage)

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

M

Recip Mesa Grande Resources, Inc.
1318 Philtower Bldg
Tulsa, OK 74103

City, S

PS Form 3800, February 2000 See Reverse

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.

3. Article Addressed to:

Mesa Grande Resources, Inc.
1318 Philtower Bldg
Tulsa, OK 74103

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

7000-0520-0022 - Return Rept

4b. Service Type

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

7. Date of Delivery

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

102595-97-B-0179 Domestic Return Receipt

REASON CHECKED

- Unclaimed
- Refused
- Attempted Not Known
- Insufficient Address
- No Such Street
- No Such Number
- No Such Office for Same
- Do not re-mail in this envelope

NOTICED
5-17-01

Mesa Grande Resources, Inc.
1318 Philtower Bldg
Tulsa, OK 74103

