Submitted by:

McElvain Oil & Gas Properties, Inc.

Hearing Date: September 20, 2001

	ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage F	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Received by (Please Print Clearly)  B. Date of Delivery  C. R. MCRUS  C. Signature
	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.	X C 7 Warin Agent Addressee
Postage \$	Article Addressed to:	D. Is delivery address different from item 1? ' ' Yes If YES, enter delivery address below:  No
Certified Fee  Return Receipt Fee  (Endorsement Required)  Here	Arriba Company Ltd. P. O. Box 35304	
Restricted Delivery Fee (Endorsement Required)	Tulsa, OK 74153	3. Service Type Return Rept.  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise
Arriba Company Ltd. P. O. Box 35304		☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
Tulsa, OK 74153	Article Number (Copy from service label)	in resulted Bollety's (Exact to)
∼ Cit,	7000-0520-0022-9542	-6013
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
(Domestic Mail Only; No Insurance Coverag ບຸ	Print your name and address on the reverse so that we can return the gard to use	A. Received by (Please Print Pleath)  B. Date of Delivery  C. Signature
	Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:	× Clar MOO GY MI HAGEN
Postage \$		D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	Hooper, Kimball & Williams, Inc. 5550 South Lewis, Suite 301	
☐ Total Postage & Fees \$	Tulsa, OK 74105	3. Service Type
Hooper, Kimball & Williams, Inc.		Certified Mail  Registered  Insured Mail  C.O.D.
L-1	Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
	7000 0520 0022 9542 Form 3811, July 1999 Domestic Retur	

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECE (Domestic Mail Only; No In  Article Sent To:		te items 1, 2, and 3. Also complete Restricted Delivery is desired. ur name and address on the reverse we can return the card to you. his card to the back of the mailpiece,	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent
Postage \$	May	e front if space permits.  Addressed to:	D. Is delivery address different from item 1? Yes  If YES, enter delivery address perow: No
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Tots Noseco Corporation 7400 East Murray Dri	NOS 7400	NOSECO CORPORATION 7400 LAKESIDE DRIVE RENO, NV 89511	Service Type  Certified Mail Registered Insured Mail C.O.D.
Reno, Nevada 89511  City, 6  PS Form 3800, July 1999	REN See Reverse to	Number (Copy from 7,099 3,220 0006 3	4. Restricted Delivery? (Extra Fee) ☐ Yes
U.S. Postal Service CERTIFIED MAIL RECE (Domestic Mail Only; No In.	IPT C	NDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery
Article Sent To:	So	rint your name and address on the reverse of that we can return the card to you. Itach this card to the back of the mailpiece, on the front if space permits.	c. Signature Agent
Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)	Post NI	M&O Operating Company East 5 <sup>th</sup> Street, Suite 200	D. Is delivery address different from item 1?
Restricted Delivery Fee (Endorsement Required)  Total F NM&O Operating (Mame (I) 6 East 5th Street, Sur	Company	alsa, OK 74103	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
City, Sti	7(	cle Number (Copy from service label) 099 3220 0006 3444 rm 3811, July 1999	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3800, July 1999	See Reverse	Domestic Retu	ırn Receipt 102595-00-M-0952

	U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance	CENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A. Bessind by (Please Print Clearly)  B. Date of Delivery
5907	Article Sent To:	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	C. Signature Agent
ήh	Postage \$	Attach this card to the back of the mailpiece, or on the front if space permits.	D. Is delivery address different from item 1? Yes
34	Certified Fee	Article Addressed to:	If YES, enter delivery address below: LI No
101	Return Receipt Fee (Endorsement Required)		II.
	Restricted Delivery Fee (Endorsement Required)	Carolyn Clark Oatman	
	Total F	Drawer 310	2 Service Type RETURN PCPT
	Name (1) Carolyn Clark Oatman	Bastrop, TX 78602	Certified Mail  Express Mail
m	Drawer 310		☐ Registered ☐ Return Receipt for Merchandise
п-	Street, Bastrop, TX 78602		☐ Insured Mail ☐ C.O.D.
709	City, St		4. Restricted Delivery? (Extra Fee) Yes
- 1		for a social labell	
	PS Form 3800, July 1999 Se	Article Number (Copy from service label) 7099 3220 0006 344	4 5907
			Return Receipt 102595-00-M-0952

Service ED MAIL RECEIPT	ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
To:	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,	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature
stage \$	or on the front if space permits.  Article Addressed to:	D. Is defivery address different from item 1? Yes If YES, enter delivery address below: No
ot Fee juired) y Fee juired)	Premier Operating Co.	
P. O. Box 35984	Tulsa, OK 74153-0984	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
	Stage \$ stage \$ Premier Operating Core.  Premier Operating Core. P. O. Box 35984  Tulsa, OK 74153-0	ENDER: COMPLETE THIS SECTION  Mail Only: No Insurance Cov  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  Article Number (Copy from service label)

		ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
5488	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Covera 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.	A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  X Spanson  Addressee  D. Is delivery address different from item 1?   Yes
6 3444	Postage \$  Certified Fee  Return Receipt Fee (Endorsement Required)	Neumann Family Trust c/o Peter C. Neumann P. O. Box 1170	If YES, enter delivery address below:
3220 000	Restricted Delivery Fee (Endorsement Required)  Total Portal Port	Reno, Nevada 89504	3. Service Type  Return Ropt  Certified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)
7099	1 1027	Article Number (Copy from service label) 7099 3220 0006 3444 54  Form 3811, July 1999 Domestic Retu	88

		ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<u>.</u>	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Po	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. Rebeived by (Please Arint Flearly)  B. Date of Delivery  6 200  X   Agent  Addressee
기		Article Addressed to:	D./ Is telivery address different from item 1? Yes
utor u	Postage \$  Certified Fee Postr  Return Receipt Fee	Williams Production Company P. O. Box 3102 Tulsa, OK 74101	
	(Endorsement Required) Restricted Delivery Fee		3. Service Type
ם ח	(Endorsement Required)  Total Pc  Williams Production Company		□ Registered   □ Return Receipt for Merchandise   □ Insured Mail   □ C.O.D.
5	Recipie P O Box 3102		4. Restricted Delivery? (Extra Fee)
	Street, Aj Tulsa, OK 74101	Article Number (Copy from service label). 7000 0520 0022 9545	2 5887
٦	City, State	S Form 3811, July 1999 Domestic Ref	urn Receipt 102595-00-M-0952
	PS Form 3800, February 2000 See, Reverse for	mstructions;	

CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage P	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if sparpermit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the artice.</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	e can return this ce does not le number.	also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery  Consult postmaster for fee.
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Posta  Recipient* Gavilan Dome Properties 1800 Cedarwood Drive Street, Apt. Moraga, CA 94556  City, State,	3. Article Addressed to:  Gavilan Dome Properties 1800 Cedarwood Drive Moraga, CA 94556  5. Received By: (Print Name)  6. Signature: (Addressee of Agent)	4b. Service Ty Registered Express Management Return Rece	pe Return Recript Continued in Insured in In
PS Form 3800, February 2000 See Reverse for <u>o</u>	PS Form <b>3811</b> , December 1994	) 02595-97-8-0179 <b>[</b>	Domestic Return Receipt

U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage  IT	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 card to you.  Attach this form to the front of the mailpiece, or on the back if spipermit.  Write "Return Receipt Requested" on the mailpiece below the article was delivered addivered.	ace does not  1.  Addressee's Address cle number. and the date  2.  Restricted Delivery
Postage \$  Certified Fee   Main    Return Receipt Fee (Endorsement Required)    Restricted Delivery Fee (Endorsement Required)    Total Po  Mesa Grande Ltd.  Recipie: 6 East 5 <sup>th</sup> Street, Suite 200  Street, Ai Tulsa, OK 74103	3. Article Addressed to:  Mesa Grande Ltd. 6 East 5 <sup>th</sup> Street, Suite 200 Tulsa, OK 74103  5. Received By: (Print Name)	Consult postmaster for fee.  4a. Article Number  1000-0520-0022-9542-5933  4b. Service Type Return Rop7  Registered Di Certified Consultation of Delivery  Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested Consultation of Delivery Consultation of C
Street, A. Tulsa, OK 74103  City, Stat  PS Form 3800, February 2000 See Revers	6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1004	and fee is paid)  Sept. 197-19-19 Domestic Return Receipt

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Revisied Coleya Com 5-2

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

5884

444E

9000

3220

Return Receipt Requested

5884 9444 May 11 Postage Certified Fee Postmark 9000 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total I 3220 Warren Clark Trust Name ( Box 73 7099 Austin, TX 78767 Street, REASON CHECKED Unclaimed Refused City, St. Attempted Not Know Insufficient Address No Such Street \_\_\_wumber.

102595-00-M-0952

ENDER: 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)  B. Date of Delivery  C. Signature  X  Agent  Addressee
Article Addressed to:  Warren Clark Trust  Box 73  Austin, TX 78767	D. Is delivery address different from item 1?
Article Number (Cary from service (abot)	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes

0006 3444 5884

Domestic Return Receipt

No Such Office in Waterren Clark Trust

Austin, TX 78767

Do Not Remail in This Browloge 3

S Form 3811, July 1999

Rousel Cougan #5-2

CONTRACT CON	U.S. Postal Service CERTIFIED MAIL RECEIPT
REASON CHECKED  Unclaimed Refused  Alternation Not Known Insufficent Address	Article Sent To:
No Slich Street Number Testamentary Trust u/w/o W. Clark No Such Office in State  Do Not Remail in This Engelope  Austin, TX 78767	Certified Fee  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Power of Total P
	Testamentary Trust u/w/o W. Clark Box 1846  Street, Austin, TX 78767  City, St.
	PS:Form-5600; Juny 1989 See-Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	/ERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
Print your name and address on the reverse so that we can return the card to you.	C. Signature	
Attach this card to the back of the mailpiece, or on the front if space permits.	X	☐ Agent ☐ Addressee
Testimentary Trust u/w/o W. Clark Box 1846	D. Is delivery address different from item     If YES, enter delivery address below	
Austin, TX 78767	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Recei ☐ Insured Mail ☐ C.O.D.	pt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label) 7099 3220 0006 344	4 5891	
PS Form 3811, July 1999 Domestic Ref	turn Receipt	102595-00-M-0952







			And the second of the second
U.S. Postal Ser CERTIFIED N (Domestic Mail	rice NAIL REGEIPT Only; No Insuran	ce Coverage.	SENDER:  Complete items 1 and/o  Complete items 3, 4a, a  Print your name and add card to you.  Attach this form to the fin
Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total '  Recip Mesa Grand	e Resources, Inc	ou u	permit.  Withe Pietum Receipt Receipt Will's delivered.  3. Article Addressed to delivered.  Mesa Grande Resource Block Tulsa, OK 74103
1318 Philtov Street, Tulsa, OK 7 City, s	4103	is your <u>RETUR</u> N	5. Received By: (Print No. 6. Signature: (Addressee

Your RETURN ADDRESS	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 card to you.  "Attach this form to the front of the mailpiece, or on the permit.  "Write "Return Receipt Requested" on the mailpiece belowered.  "The Return Receipt will show to whom the article was 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)	back if space does not  by the article number.  lelivered and the date  4a. Article Nu  1000  4b. Service Ty  Registered  Express Ma  Return Recei  7. Date of Deliv	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Imber Return Rept 1. 520-0022 Imber Return Rept 2. Restricted Delivery Consult postmaster for fee. Imber Return Rept 2. Sertified Rept 3. Sertified Rept 4. Sertified Rept 4. Sertified Rept 4. Sertified Rept 6. Sertified Rept 6
S	X PS Form 3811, December 1994		omestic Return Receipt

