FV-OCD

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:

Wiser Oil Co.
8115 Preston Rd.
Suite 400
Dallas, TX 75225

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* HEATHER THOMAS — B. Date of Delivery 9-17-01

C. 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 3771 6357

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

7000 0520 0021 3771 6487

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)*
Burnett Oil Co., Inc.
Street, Apt. No.; or PO Box No.
801 Cherry St., Ste 1500
City, State, ZIP+4
Ft. Worth, TX 76102

PS Form 3800, February 2000 See Reverse for Instructions

SEP 2001 USPS Postmark Here

FV-OCD

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:

Burnett Oil Co., Inc.
801 Cherry St., Ste. 1500
Ft. Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Renee Curry — B. Date of Delivery SEP 17 2001

C. 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

Article Number *(Copy from service label)* 7000 0520 0021 3771 6487

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

7000 0520 0021 3771 6357

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)*
Wiser Oil Co.
Street, Apt. No.; or PO Box No.
8115 Preston Rd., Ste 400
City, State, ZIP+4
Dallas, TX 75225

PS Form 3800, February 2000 See Reverse for Instructions

SEP 2001 USPS Postmark Here

OCD FL

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:

Dinero Operating Co.
PO Box 10505
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) JAMES GDEWEY B. Date of Delivery 9-18-01

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 3771 6265

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

7000 0520 0021 3771 6265

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)
Dinero Operating Co.
Street, Apt. No.; or PO Box No.
PO Box 10505
City, State, ZIP+4
Midland, TX 79702

PS Form 3800, February 2000 See Reverse for Instructions

SANTA FE, NM 87502 SEP 13 2001 Postmark Here USPS

FL-OCD

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:

Bird Creek Resources Inc.
1437 South Boulder,
Suite 1250
Tulsa, OK 74119

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 9-17-1

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 3771 6449

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

7000 0520 0021 3771 6449

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)
Bird Creek Resources, Inc.
Street, Apt. No.; or PO Box No.
1437 S. Boulder, Ste. 1250
City, State, ZIP+4
Tulsa, OK 74119

PS Form 3800, February 2000 See Reverse for Instructions

SANTA FE, NM 87502 SEP 13 2001 Postmark Here USPS

OCD FL

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:

Roy E. Kimsey, Jr.
505 N. Big Spring St. #502
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
SEP 19 2001

C. Signature
X Connie Barnes ☑ 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)* ☐

2. Article Number *(Copy from service label)* 7 J0 0520 0021 3771 628[illegible]

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

7000 0520 0021 3771 6289

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)*
Roy E. Kimsey, Jr.
Street, Apt. No.; or PO Box No.
505 N. Big Spring St. #502
City, State, ZIP+4
Midland, TX 79701

PS Form 3800, February 2000 See Reverse for Instructions

SANTA FE, NM 87502 SEP 13 2001 USPS Postmark Here

FL OCD

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:

Lindenmuth & Associates, Inc.
510 Hearn St.
Suite 200
Austin, TX 78703

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* PAULS CLOSE B. Date of Delivery 9-19-07

C. Signature
X Paul Close ☐ Agent ☐ Addressee

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

AUSTIN TX SEP 19 2001 PS 78705 9998

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 3771 6401

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

7000 0520 0021 3771 6401

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)*
Lindenmuth & Associates, Inc.
Street, Apt. No.; or PO Box No.
510 Hearn St., Ste. 200
City, State, ZIP+4
Austin, TX 78703

PS Form 3800, February 2000 See Reverse for Instructions

SANTA FE, NM 87502 SEP 13 2001 USPS Postmark Here

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 $

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
SWR Operating Co.
Street, Apt. No.; or PO Box No.
200 Crescent Ct., Ste 1310
City, State, ZIP+4
Dallas, TX 75201

PS Form 3800, February 2000 — See Reverse for Instructions

7000 0520 0021 3771 6333

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:

SWR Operating Co.
200 Crescent Ct.,
Suite 1310
Dallas, TX 75201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 9-17-01

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 3771 6333

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

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
NGX COMPANY
Street, Apt. No.; or PO Box No.
PO Box 5
City, State, ZIP+4
Roswell, Nm 88202-0005

PS Form 3800, February 2000 — See Reverse for Instructions

7000 0520 0021 3771 6395

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:

NGX Company
PO Box 5
Roswell, NM 88202-0005

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 9-15-01

C. Signature
X ☐ Agent ☐ Addressee

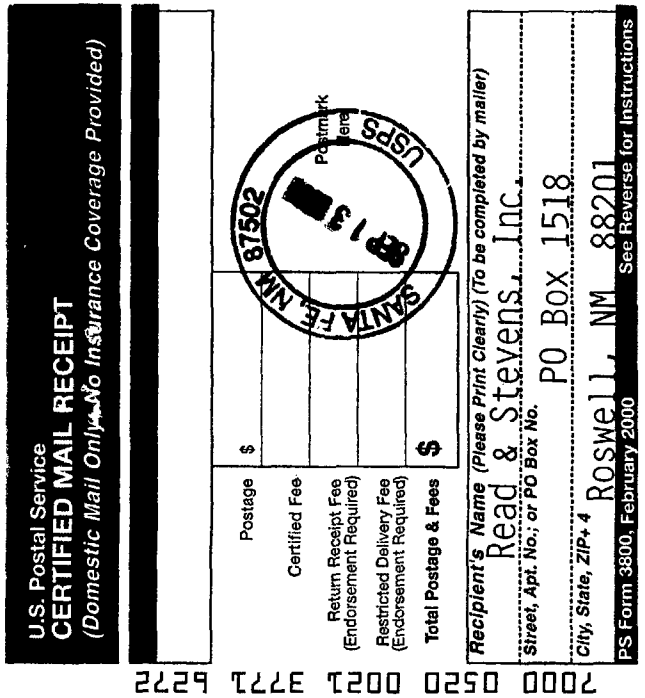
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3771 6395

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:

Read & Stevens, Inc.
PO Box 1518
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* LYDIA L. LARA — B. Date of Delivery 9-18-01

C. Signature X Lydia L. Lara ☐ Agent ☑ Addressee

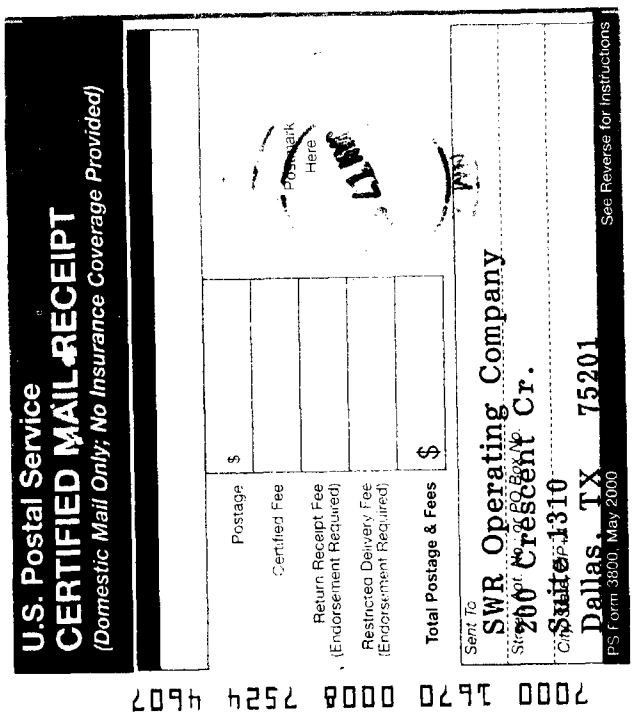
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 3771 6272

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:

SWR Operating Company
200 Crescent Cr.
Suite 1310
Dallas, TX 75201

COMPLETE THIS SECTION ON DELIVERY

A. Signature X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* — C. Date of Delivery

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 *(Transfer from service label)* 7000 1670 0008 7524 4607

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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:

EXXON Mobil Corporation
PO Box 4721
Houston, TX 77210-4721

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X GE SEP 17 2001 ☐ 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 3771 6296

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

7000 0520 0021 3771 6258

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)*
Carl Schellinger
Street, Apt. No.; or PO Box No. PO Box 447
City, State, ZIP+4 Roswell, Nm 88201

SANTA FE, NM 87502 SEP 13 2001 USPS Postmark Here

PS Form 3800, February 2000 See Reverse for Instructions

OCD FL

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:

Carl Schellinger
PO Box 447
Roswell,NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Pat Printt | B. Date of Delivery 9-17-01

C. Signature
X Pat Printt ☑ 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 3771 6258

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

7000 0520 0021 3771 6296

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)*
Exxon Mobil Corporation
Street, Apt. No.; or PO Box No. PO Box 4721
City, State, ZIP+4 Houston, TX 77210-4721

SANTA FE, NM 87502 SEP 13 2001 USPS Postmark Here

PS Form 3800, February 2000 See Reverse for Instructions

FL OCD

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:

Guadalupe Operating Co., LLP
153644 Terry Pate
c/o Oil Reports
1008 W. Broadway
Hobbs, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Doug Heard — B. Date of Delivery 9/17

C. Signature — X Doug Heard — ☐ 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 3771 6425

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

7000 0520 0021 3771 6425

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	$

Postmark Here — SEP 2001 — SANTA FE, NM 87502 — USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Guadalupe Operating Co. 153644 Terry
Street, Apt. No.; or PO Box No.
c/o Oil Reports -1008 W. Broadway Pate
City, State, ZIP+4
Hobbs, NM 88240

PS Form 3800, February 2000 — See Reverse for Instructions

OCD FL

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:

Herman V. Wallis
PO Box 291858
Kerrville, TX 78028-1858

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery 9-18-01

C. Signature — X Laura Wallis — ☑ 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. Artic[redacted] *(Copy from service label)* 7000 0520 0021 3771 6326

[redacted] Domestic Return Receipt — 102595-00-M-0952

7000 0520 0021 3771 6326

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	$

Postmark Here — SANTA FE, NM 87502 — USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Herman V. Wallis
Street, Apt. No.; or PO Box No.
PO Box 291858
City, State, ZIP+4
Kerrville, TX 78028-1858

PS Form 3800, February 2000 — See Reverse for Instructions

FL OCD

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:

Julian Ard
222 West 4th St.
Suite 313
Ft. Worth, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 9-15-01

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 3771 6418

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

7000 0520 0021 3771 6418

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	$

Postmark Here
SEP
USPS
FL NM

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Julian Ard
Street, Apt. No.; or PO Box No.
222 West 4th St., Ste 313
City, State, ZIP+4
Ft. Worth, TX 76102

PS Form 3800, February 2000 See Reverse for Instructions

FL OCD

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:

Mar Oil & Gas Corp.
PO Box 2188
Roswell, NM 88202-2188

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* J. Bal Jaffa B. Date of Delivery 9-17-01

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 3771 6371

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

7000 0520 0021 3771 6371

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	$

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mar Oil & Gas Corp.
Street, Apt. No.; or PO Box No.
PO Box 2188
City, State, ZIP+4
Roswell, Nm 88202-2188

PS Form 3800, February 2000 See Reverse for Instructions

EL-OCD

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:

Stevens Operating Corp.
PO Box 2203
Roswell, NM 88202

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

ROSWELL NM SEP 17 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 3771 6364

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

7000 0520 0021 3771 6364

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	$

SANTA FE NM 87501 SEP 13 2001 USPS Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Stevens Operating Corp.
Street, Apt. No.; or PO Box No.
PO Box 2203
City, State, ZIP+4
Roswell, NM 88202

PS Form 3800, February 2000 See Reverse for Instructions

EL-OCD

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:

Thornton Hopper
PO Box 953
Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Mary Erchberger | B. Date of Delivery 9-19-01

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 3771 6340

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

7000 0520 0021 3771 6340

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	$

SANTA FE NM 87501 SEP 13 2001 USPS Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Thornton Hopper
Street, Apt. No.; or PO Box No.
PO Box 953
City, State, ZIP+4
Midland, TX 79701

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 3771 6250

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

SANTA FE, NM 87502 SEP 13 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
General Minerals Corp.
Street, Apt. No.; or PO Box No.
4133 N. Lincoln Blvd.
City, State, ZIP+ 4
Oklahoma City, OK 73105

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 3771 6241

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

SANTA FE, NM 87502 SEP 13 2001 Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
ACECO Petroleum Co.
Street, Apt. No.; or PO Box No.
2106 W. Richey
City, State, ZIP+ 4
Artesia, NM 88210

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 3771 6432

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

SANTA FE, NM 87502 SEP 13 2001 Postmark Here USPS

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Amtex Energy, Inc.
Street, Apt. No.; or PO Box No.
PO Box 3418
City, State, ZIP+ 4
Midland, TX 79702

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:
ACECO Petroleum Co.
2106 W. Richey
Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature ☐ Agent ☐ Addressee
X
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 3771 6241

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

F-C-OCD

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:

Amtex Energy, Inc.
PO Box 3418
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery
SEP 19 2001

C. Signature
x William J Savage ☐ 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 3771 6432

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

, MINERALS and NATURAL RESOURCES DEPARTME

h Saint Francis Drive
)429
New Mexico 87505-5472

Name
First Notice
Second Notice
Return

SEP 24
ATTEMPTED NOT KNOWN
AT 75221

U.S POSTAGE
neopost
$4.40
METER

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

CERTIFIED MAIL

SWR Operating Co.
200 Crescent Ct
Suite 1310
Dallas, TX 75201

]0 0520 0021 3771 6333

ew Mexico
Y, MINERALS and NATURAL RESOURCES DEPARTMENT

uth Saint Francis Drive
. 6429
, New Mexico 87505-5472

OKLAHOMA CITY OK
PM
FEB
2002

RETURNED TO SENDER
REASON
Refused
Unclaimed

FEB 28

CERTIFIED MAIL

Central Mine[illegible]rporation
4133 [illegible]oln Blvd
Okla[illegible]ity, OK 73105

7 1670 0008 7524 4638

7/22/02
2ND
2-15
RET.
2-20

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:

General Minerals Corporation
4133 N. Lincoln Blvd.
Oklahoma City, OK 73105

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

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
(Transfer from service label) 70001670 0008 7524 4638

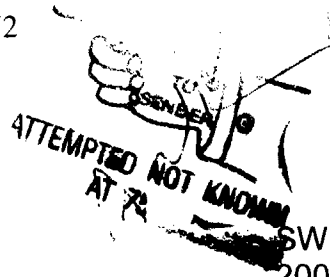
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

OCD
AR

73105+5208 05

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472



SWR Operating Company
200 Crescent Cr
Suite 1310
Dallas, TX 75201

State of New Mexico
ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

1220 South Saint Francis Drive
P.O. Box 6429
Santa Fe, New Mexico 87505-5472

SWR Operating Company
200 Crescent Cr
Suite 1310
Dallas, TX 75201

75201+1820 15