APPLICATION FOR APPROVAL OF WATERFLOOD PROJECT
GRIZZELL LEASE
OFFSET OPERATORS

Anadarko Petroleum Corporation
P O Box 1330
Houston, Texas 77251-1330
Certified Rcpt. # 7000-2870-0000-6221-4012

Arch Petroleum Inc.
802 E Texas
Eunice, New Mexico 88231
Certified Rcpt. # 7000-2870-0000-6221-4029

ARCO Permian
P O Box 1610
Midland, Texas 79702-1610
Certified Rcpt. # 7000-2870-0000-6221-4036

BEC Corporation
110 N Marienfeld, Suite 370
Midland, Texas 79702
Certified Rcpt. # 7000-2870-0000-6221-4043

Bettis, Boyle & Stovall
Box 1240
Graham, Texas 76450
Certified Rcpt. # 7000-2870-0000-6221-4050

Campbell & Hedrick
Box 401
Midland, Texas 79701
Certified Rcpt. # 7000-2870-0000-6221-4067

Chevron USA Inc.
P O Box 1150
Midland, Texas 79702
Certified Rcpt. # 7000-2870-0000-6221-4074

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, Texas 79705
Certified Rcpt. # 7000-2870-0000-6221-4081

Louis Dreyfus Natural Gas Corporation
309 S Halaqueno Street
Carlsbad, New Mexico 88220
Certified Rcpt. # 7000-2870-0000-6221-4098

ExxonMobil
P O Box 4697
Houston, Texas 77210-4697
Certified Rcpt. # 7000-2870-0000-6221-4104

Finley Resources Inc.
1308 Lake Street, Suite 200
Fort Worth, Texas 76102
Certified Rcpt. # 7000-2870-0000-6221-4111

GP II Energy Inc.
Box 50682
Midland, Texas 79710
Certified Rcpt. # 7000-2870-0000-6221-4128

Gruy Petroleum Management Inc.
600 E Las Colinas Blvd., Suite 1200
Irving, Texas 75014-0907
Certified Rcpt. # 7000-2870-0000-6221-4135

Doyle Hartman Oil Producer
Box 10426
Midland, Texas 79702
Certified Rcpt. # 7000-2870-0000-6221-4142

John H. Hendrix Corporation
Box 3040
Midland, Texas 79702
Certified Rcpt. # 7000-2870-0000-6221-4159

Marathon Oil Company
Box 2409
Hobbs, New Mexico 88240
Certified Rcpt. # 7000-2870-0000-6221-4166

McCasland Management Inc.
Box 755
Hobbs, New Mexico 88241
Certified Rcpt. # 7000-2870-0000-6221-4173

Me-Tex Oil & Gas Inc.
401 W Taylor
Hobbs, New Mexico 88240
Certified Rcpt. # 7000-2870-0000-6221-4180

Oxy USA
Box 50250
Midland, Texas 79710
Certified Rcpt. # 7000-2870-0000-6221-4265

Penroc Oil Corporation
Box 5970
Hobbs, New Mexico 88241
Certified Rcpt. # 7000-2870-0000-6221-3992

ROC Energy Inc.
Box 51008
Midland, Texas 79710
Certified Rcpt. # Z-142-208-159

Saga Petroleum LLC
415 S Wall, Suite 835
Midland, Texas 79701
Certified Rcpt. # Z-142-208-160

Sapient Energy Corporation
8801 S Yale, Suite 220
Tulsa, Oklahoma 74137
Certified Rcpt. # Z-142-208-161

Texaco Expl & Production Inc.
Hobbs Operating Unit
P O Box 3109
Midland, Texas 79702
Certified Rcpt. # Z-142-208-162

Titan Resources LTD
500 W Texas, Suite 500
Midland, Texas 79701
Certified Rcpt. # Z-142-208-141

Wagner & Brown LTD
300 N Marienfeld, Suite 1100
Midland, Texas 79702
Certified Rcpt. # Z-142-208-142

Wiser Oil Company
3504 N West County Road
Hobbs, New Mexico 88241
Certified Rcpt. # Z-142-208-143

Zia Energy Inc.
Box 2510
Hobbs, New Mexico 88241-2510
Certified Rcpt. # Z-142-208-144

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 11
CASE NO. : 12785
Submitted by: Apache Corporation
Hearing Date: January 10, 2002

A copy of the notice of hearing was mailed (via Certified - Return Receipt) to the Offset Operators listed above on 12/20/01.

Debra J. Anderson, Sr. Engineering Technician

1-7-01
Date

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

7000 2870 0000 6221 4012

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

To
Sent To ANADARKO PETROLEUM CORPORATION
Street, Apt. No.; or PO Box No. P.O. BOX 1330
City, State, ZIP+4 HOUSTON, TX 77251-1330

PS Form 3800, May 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:

ANADARKO PETROLEUM CORPORATION
P.O. BOX 1330
HOUSTON, TX 77251-1330

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
X GEE DEC 26 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 2870 0000 6221 4012

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 2870 0000 6221 4029

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

To
Sent To ARCH PETROLEUM INC.
Street, Apt. No.; or PO Box No. 802 E. TEXAS
City, State, ZIP+4 EUNICE, NEW MEXICO 88231

PS Form 3800, May 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:

ARCH PETROLEUM INC.
802 E. TEXAS – P.O. BOX 909
EUNICE, NEW MEXICO 88231

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12/26/01
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 2870 0000 6221 4029

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 2870 0000 6221 4036

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total P
Sent To ARCO PERMIAN
Street, Apt. No.; or PO Box No. P. O. BOX 1610
City, State, ZIP+4 MIDLAND, TX 79702-1610

PS Form 3800, May 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:

ARCO PERMIAN
P. O. BOX 1610
MIDLAND, TX 79702-1610

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12-26-01
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 2870 0000 6221 4036

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 2870 0000 6221 4043

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

Total Po
Sent To BEC CORPORATION
Street, Apt. No.; or PO Box No. 110 N. MARIENFELD – SUITE 370
City, State, ZIP+4 MIDLAND, TX 79702

PS Form 3800, May 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:

BEC CORPORATION
110 N. MARIENFELD – SUITE 370
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12-26-01
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 2870 0000 6221 4043

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)

OFFICIAL USE

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

Postmark Here

Sent To BETTIS, BOYLE & STOVALL
Street, Apt. P. O. BOX 1240
City, State GRAHAM, TX 76450

PS Form 3800, May 2000 — See Reverse for Instructions

7000 2870 0000 6221 4050

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:

BETTIS, BOYLE & STOVALL
P. O. BOX 1240
GRAHAM, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12/24/01

C. Signature
x Wilmot — ☐ 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 2870 0000 6221 4050

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)

OFFICIAL USE

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

Postmark Here

Sent To CAMPBELL & HEDRICK
Street, Apt. P. O. BOX 401
City, State MIDLAND, TX 79701

PS Form 3800, May 2000 — See Reverse for Instructions

7000 2870 0000 6221 4067

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:

CAMPBELL & HEDRICK
P. O. BOX 401
MIDLAND, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery DEC 26 2001

C. Signature
x Maggie Stone — ☐ 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 2870 0000 6221 4067

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)

OFFICIAL USE

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

Postmark Here

Sent To CHEVRON USA INC.
Street, Apt. P. O. BOX 1150
City, State MIDLAND, TX 79702

PS Form 3800, May 2000 — See Reverse for Instructions

7000 2870 0000 6221 4074

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:

CHEVRON USA INC.
P. O. BOX 1150
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery DEC 26 2001

C. Signature
x Bob Dell — ☐ 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 2870 0000 6221 4074

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)

OFFICIAL USE

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

Postmark Here

Sent To CONOCO INC.
Street, Apt. 10 DESTA DR. - SUITE 100W
City, State MIDLAND, TX 79705

PS Form 3800, May 2000 — See Reverse for Instructions

7000 2870 0000 6221 4081

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:

CONOCO INC.
10 DESTA DR. - SUITE 100W
MIDLAND, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery 12-26

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 2870 0000 6221 4081

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)

OFFICIAL USE

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

Postmark Here

Sent To
Street, Apt. No.
City, State, ZIP+4

LOUIS DREYFUS NATURAL GAS CORP.
309 S. HALAQUENO ST
CARLSBAD, NEW MEXICO 88220

PS Form 3800, June 2000

7000 2870 0000 6221 4098

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:

LOUIS DREYFUS NATURAL GAS CORP.
309 S. HALAQUENO ST.
CARLSBAD, NEW MEXICO 88220

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Chris Sanchez 12-27

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 2870 0000 6221 4098

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)

OFFICIAL USE

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

Postmark Here

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

EXXON MOBIL
P. O. BOX 4697
HOUSTON, TX 77210-4697

PS Form 3800, June 2000

7000 2870 0000 6221 4104

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:

EXXON MOBIL
P. O. BOX 4697
HOUSTON, TX 77210-4697

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
DEC 2 0 2001

C. Signature
X GEE
☐ 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 2870 0000 6221 4104

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)

OFFICIAL USE

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

Postmark Here

Sent To
Street, Apt. No
City, State, ZIP+4

FINLEY RESOURCES INC.
1308 LAKE ST. – SUITE 200
FORT WORTH, TX 76102

PS Form 3800, May 2000 See Reverse for Instructions

7000 2870 0000 6221 4111

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:

FINLEY RESOURCES INC.
1308 LAKE ST. – SUITE 200
FORT WORTH, TX 76102

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
ENA AH 12/26

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 2870 0000 6221 4111

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)

OFFICIAL USE

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

Postmark Here

Sent To
Street, Apt. N
City, State, ZI

GP II ENERGY INC.
P. O. BOX 50682
MIDLAND, TX 79710

PS Form 3800

7000 2870 0000 6221 4128

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:

GP II ENERGY INC.
P. O. BOX 50682
MIDLAND, TX 79710

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
George Mitchell 12-24-01

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 2870 0000 6221 4128

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 2870 0000 6221 4135

OFFICIAL USE

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

Postmark Here

Sent To: GRUY PETROLEUM MANAGEMENT INC
Street, Apt. No.: 600 E. LAS COLINAS BLVD. SUITE 1200
City, State, ZIP+4: IRVING, TX 75014-0907

PS Form 3800, May 2000

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:
GRUY PETROLEUM MANAGEMENT INC
600 E. LAS COLINAS BLVD.
SUITE 1200
IRVING, TX 75014-0907

IRVING TX 750 DEC 26 2001 USPS

4a. Article Number: 7000 2870 0000 6221 4135
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery
5. Received By: (Print Name)
6. Signature: (Addressee or Agent) X
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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

7000 2870 0000 6221 4142

OFFICIAL USE

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

Postmark Here

Sent To: DOYLE HARTMAN OIL PRODUCER
Street, Apt. No.: P. O. BOX 10426
City, State, ZIP+4: MIDLAND, TX 79702

PS Form 3800, May 2000 See Reverse for Instructions

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:
DOYLE HARTMAN OIL PRODUCER
P. O. BOX 10426
MIDLAND, TX 79702

4a. Article Number: 7000 2870 0000 6221 4142
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12/07
5. Received By: (Print Name) Eva Allison
6. Signature: (Addressee or Agent) X Eva Allison 12/07
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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

7000 2870 0000 6221 4159

OFFICIAL USE

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

Postmark Here

Sent To: JOHN H. HENDRIX CORPORATION
Street, Apt. No.: P. O. BOX 3040
City, State, ZIP+4: MIDLANG, TX 79702

PS Form 3800, May 2000

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:
JOHN H. HENDRIX CORPORATION
P. O. BOX 3040
MIDLANG, TX 79702

4a. Article Number: 7000 2870 0000 6221 4159
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: DEC 24 2001
5. Received By: (Print Name)
6. Signature: (Addressee or Agent) X
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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

7000 2870 0000 6221 4166

OFFICIAL USE

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

Postmark Here

Sent To: MARATHON OIL COMPANY
Street, Apt. No.: P. O. BOX 2409
City, State, ZIP+4: HOBBS, NEW MEXICO 88240

PS Form 3800, May 2000 See Reverse for Instructions

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:
MARATHON OIL COMPANY
P. O. BOX 2409
HOBBS, NEW MEXICO 88240

4a. Article Number: 7000 2870 0000 6221 4166
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12-26-01
5. Received By: (Print Name) Tony Hallum
6. Signature: (Addressee or Agent) X
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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

OFFICIAL USE

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

Postmark Here

7000 2870 0000 6221 4173

Sent To
McCASLAND MANAGEMENT INC
Street, Apt. No.; P. O. BOX 755
HOBBS, NEW MEXICO 88241
City, State, ZIP

PS Form 3800, May 2000 See Reverse for Instructions

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:
McCASLAND MANAGEMENT INC
P. O. BOX 755
HOBBS, NEW MEXICO 88241

4a. Article Number: 7000 2870 0000 6221 4173
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12/28
5. Received By: (Print Name) Colleen Germany
6. Signature: (Addressee or Agent) X Colleen Germany
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

OFFICIAL USE

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

Postmark Here

7000 2870 0000 6221 4180

Sent To
ME-TEX OIL & GAS INC.
Street, Apt. No.; 401 W. TAYLOR
HOBBS, NEW MEXICO 88240
City, State, ZIP

PS Form 3800, May 2000 See Reverse for Instructions

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:
ME-TEX OIL & GAS INC.
401 W. TAYLOR
HOBBS, NEW MEXICO 88240

4a. Article Number: 7000 2870 0000 6221 4180
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12/26
5. Received By: (Print Name) Tania Harper
6. Signature: (Addressee or Agent) X Tania Harper
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

OFFICIAL USE

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

Postmark Here

7000 2870 0000 6221 4265

Sent To
OXY USA
Street, Apt. No.; P.O. BOX 50250
MIDLAND, TX 79710
City, State, ZIP

PS Form 3800, May 2000 See Reverse for Instructions

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:
OXY USA
P.O. BOX 50250
MIDLAND, TX 79710

4a. Article Number: 7000 2870 0000 6221 4265
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12-26-01
5. Received By: (Print Name) Alanin Alexander
6. Signature: (Addressee or Agent) X Alanin Alexander
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

OFFICIAL USE

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

Postmark Here

7000 2870 0000 6221 3972

Sent To
PENROC OIL CORPORATION
Street, Apt. No.; P. O. BOX 5970
HOBBS, NEW MEXICO 88241
City, State, ZIP

PS Form 3800, May 2000 See Reverse for Instructions

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:
PENROC OIL CORPORATION
P. O. BOX 5970
HOBBS, NEW MEXICO 88241

4a. Article Number: 7000 2870 0000 6221 3972
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12-26-01
5. Received By: (Print Name) Rosa Rosa
6. Signature: (Addressee or Agent) X Rosa Rosa
8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 142 208 159
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

ROC ENERGY INC.
P.O. BOX 51008
MIDLAND, TX 79710

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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:
ROC ENERGY INC.
P.O. BOX 51008
MIDLAND, TX 79710

4a. Article Number: Z142 208 159
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12/28/01
5. Received By: *(Print Name)* Debbie Bell
6. Signature: *(Addressee or Agent)* X Debbie Bell
8. Addressee's Address *(Only if requested and fee is paid)*

Is your RETURN ADDRESS completed on the reverse side?
Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Z 142 208 160
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

SAGA PETROLEUM LLC
415 S. WALL – SUITE 835
MIDLAND, TX 79701

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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:
SAGA PETROLEUM LLC
415 S. WALL – SUITE 835
MIDLAND, TX 79701

4a. Article Number: Z142 208 160
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 12-27-01
5. Received By: *(Print Name)* J. Burton
6. Signature: *(Addressee or Agent)* X J. Burton
8. Addressee's Address *(Only if requested and fee is paid)*

Is your RETURN ADDRESS completed on the reverse side?
Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Z 142 208 161
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

SAPIENT ENERGY CORPORATION
8801 S. YALE – SUITE 220
TULSA, OK 74137

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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:
SAPIENT ENERGY CORPORATION
8801 S. YALE – SUITE 220
TULSA, OK 74137

4a. Article Number: Z142 208 161
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: 26 DEC 2001
5. Received By: *(Print Name)*
6. Signature: *(Addressee or Agent)* X Mary Foster
8. Addressee's Address *(Only if requested and fee is paid)*

Is your RETURN ADDRESS completed on the reverse side?
Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Z 142 208 162
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

TEXACO EXPL. & PRODUCTION CO.
HOBBS OPERATING UNIT
P. O. BOX 3109
MIDLAND, TX 79702

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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:
TEXACO EXPL. & PRODUCTION CO.
HOBBS OPERATING UNIT
P. O. BOX 3109
MIDLAND, TX 79702

4a. Article Number: Z142 208 162
4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD
7. Date of Delivery: DEC 26 2001
5. Received By: *(Print Name)*
6. Signature: *(Addressee or Agent)* X
8. Addressee's Address *(Only if requested and fee is paid)*

Is your RETURN ADDRESS completed on the reverse side?
Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Z 142 208 141

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

TITAN RESOURCES LTD
500 W. TEXAS – SUITE 500
MIDLAND, TX 79701

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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:

TITAN RESOURCES LTD
500 W. TEXAS - SUITE 500
MIDLAND, TX 79701

4a. Article Number
Z 142 208 141

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

7. Date of Delivery
12-26-01

5. Received By: *(Print Name)*
KIM RODGERS

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Z 142 208 142

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

WAGNER & BROWN LTD
300 N. MARIENFELD, SUITE 1100
MIDLAND, TX 79702

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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:

WAGNER & BROWN LTD
300 N. MARIENFELD, SUITE 1100
MIDLAND, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Joe H Perez — B. Date of Delivery 12/26/01

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)*
Z 142 208 142

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

Z 142 208 143

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*
Sent to

WISER OIL COMPANY
3504 N. WEST COUNTY ROAD
HOBBS, NEW MEXICO 88241

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

Z 142 208 144

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*
Sent to

ZIA ENERGY INC.
P. O. BOX 2510
HOBBS, NEW MEXICO 88241-2510

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	

PS Form **3800**, April 1995

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:

ZIA ENERGY INC.
P. O. BOX 2510
HOBBS, NEW MEXICO 88241-2510

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Marsha K. Webb — B. Date of Delivery 12-27-01

C. Signature
X Marsha K. Webb — ☒ 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)*
Z 142 208 144

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