

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

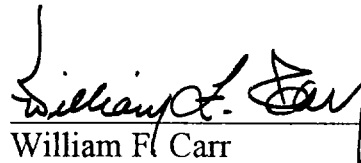
**IN THE MATTER OF THE APPLICATION OF
ARCO (BP) FOR SIMULTANEOUS DEDICATION
EDDY COUNTY, NEW MEXICO.**

CASE NO. 12788

AFFIDAVIT


STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of ARCO (BP), the applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested parties entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.



William F. Carr

SUBSCRIBED AND SWORN to before this 31st day of December 2001 by William F. Carr.



Notary Public

My Commission Expires: August 23, 2005

BEFORE THE OIL CONSERVATION DIVISION
Santa Fe, New Mexico
Case No. 12788 Exhibit No. 2
Submitted by:
ARCO (BP)
Hearing Date: January 10, 2002

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage For Restricted Delivery)

44461.0011

Postage	\$	1.80
Certified Fee		2.10
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.40

Recipient's Name
Abo Petroleum Corporation
Attention: Ms. Janet Richardson
105 South 4th Street
Artesia, NM 88210

PS Form 3800

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:

Abo Petroleum Corporation
Attention: Ms. Janet Richardson
105 South 4th Street
Artesia, NM 88210

2. Article Number (Copy from service label)

7000 0600 0024 3128 7749

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

PATTI CARLILE

C. Signature

X

Patti Carlile

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 For Restricted Delivery)

44461.0011

Postage	\$	1.80
Certified Fee		2.10
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.40

Recipient's Name
Dr. Gus Alexander
3619 South Jackson
San Angelo, TX 76904-5

PS Form 3800

- 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:

Dr. Gus Alexander
3619 South Jackson
San Angelo, TX 76904-5598

2. Article Number (Copy from service label)

7000 0600 0024 3128 7756

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

C. Signature

X

Gus Alexander

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 For Restricted Delivery)

44461.0011

Postage	\$	1.80
Certified Fee		2.10
Return Receipt Fee (Endorsement Required)		1.50
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	4.40

Recipient's Name
David J. Andrews
2219 Westlake Drive, Suite
Austin, TX 78746

PS Form 3800

- 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:

David J. Andrews
2219 Westlake Drive, Suite 150
Austin, TX 78746

2. Article Number (Copy from service label)

7000 0600 0024 3128 7787

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

C. Signature

X

David J. Andrews

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

7000 0600 0024 3128 7800
7000 0600 0024 3128 7824
7000 0600 0024 3128 7831

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipient's Name: Mary Beth Barton
Street, Apt. No.: P. O. Box 4126
City, State, ZIP+: Midland, TX 79704-4126

PS Form 3800, F

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:

Mary Beth Barton
P. O. Box 4126
Midland, TX 79704-4126

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) J. A. McClatchy
B. Date of Delivery 12/26/01
C. Signature [Signature]
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 0600 0024 3128 7800

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipient's Name: Jack Britain
Street, Apt. No.: 2419 Wooddale Circle
City, State, ZIP+: Waco, TX 76710

PS Form 3800, F

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:

2519 Wooddale
Jack Britain
2419 Wooddale Circle
Waco, TX 76710

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature]
B. Date of Delivery
C. Signature [Signature]
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 0600 0024 3128 7824

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipient's Name: Scott E. Muehlbrad
Street, Apt. No.: 2511 Terrace
City, State, ZIP+: Midland, TX 79705

PS Form 3800, F

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:

Scott E. Muehlbrad
2511 Terrace
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Christy Muehlbrad
B. Date of Delivery 12-24-01
C. Signature [Signature]
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 0600 0024 3128 7831

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipient's Name

Street, Apt. No.,

City, State, ZIP+4

Cannon Exploration Company
3608 SCR 1184
Midland, TX 79706

PS Form 3800, February 1999

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:

Cannon Exploration Company
3608 SCR 1184
Midland, TX 79706

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

Dennis Corkran
2219 Westlake Drive, Suite 120
Austin, TX 78746

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Carol Wilson 12-24-01

☒ Certified Mail ☐ Express Mail ☐ Agent ☐ Addressee

☐ Registered ☒ Return Receipt for Merchandise ☐ Address

☐ Insured Mail ☒ C.O.D.

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail ☐ Agent ☐ Addressee

☐ Registered ☒ Return Receipt for Merchandise ☐ Address

☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipient's Name

Street, Apt. No.,

City, State, ZIP+4

Dennis Corkran
2219 Westlake Drive, Suite 120
Austin, TX 78746

PS Form 3800, February 1999

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

C. Signature X Dennis Corkran 12-24-01

☒ Certified Mail ☐ Express Mail ☐ Agent ☐ Addressee

☐ Registered ☒ Return Receipt for Merchandise ☐ Address

☐ Insured Mail ☒ C.O.D.

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail ☐ Agent ☐ Addressee

☐ Registered ☒ Return Receipt for Merchandise ☐ Address

☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.40

Recipient's Name

Street, Apt. No.,

City, State, ZIP+4

Sid Cowan
1010 South Main Street
P. O. Box 1448
Del Rio, Texas 78841-14

- 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:

Sid Cowan
1010 South Main Street
P. O. Box 1448
Del Rio, Texas 78841-1448

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

C. Signature X Sid Cowan 12-24-01

☒ Certified Mail ☐ Express Mail ☐ Agent ☐ Addressee

☐ Registered ☒ Return Receipt for Merchandise ☐ Address

☐ Insured Mail ☒ C.O.D.

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail ☐ Agent ☐ Addressee

☐ Registered ☒ Return Receipt for Merchandise ☐ Address

☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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

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) B. Date of Delivery

C. Signature

☐ Agent ☐ Addressee

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

1. Article Addressed to:

D & D Partnership
830 East Big Briar Way
LaCanada, California 91011

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)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

- 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

☐ Agent ☐ Addressee

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

1. Article Addressed to:

The DeCompiegne Property #20
Ltd.
P. O. Box 1071
Midland, TX 79702

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)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

- 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

☐ Agent ☐ Addressee

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

1. Article Addressed to:

Dingus Investments, Inc.
P. O. Box 11120
Midland, TX 79702

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)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

44461.0011

Postage \$ 1.80
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.40

Recipient's Name Doralex Energy, Inc.
Street, Apt. No 3619 South Jackson
City, State, ZIP San Angelo, TX 76904-5598

PS Form 3800, F

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:

Doralex Energy, Inc.
3619 South Jackson
San Angelo, TX 76904-5598

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

Great Western Drilling Company
Attention: Mr. Mike Heathington
P. O. Box 1659
Midland, TX 79702-1659

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

George W. Knox
P. O. Box 7538
Midland, TX 79708

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

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

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

44461.0011

Postage \$ 1.80
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.40

Recipient's Name Great Western Drilling C
Street, Apt. No.; Attention: Mr. Mike Hea
City, State, ZIP P. O. Box 1659
Midland, TX 79702-1659

PS Form 3800, F

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

44461.0011

Postage \$ 1.80
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 4.40

Recipient's Name George W. Knox
Street, Apt. No.; c P. O. Box 7538
City, State, ZIP+4 Midland, TX 79708

PS Form 3800, F

George W. Knox 1-03-02

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)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

44461.0011

Postage \$ 1.80
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage \$ 4.40

Recipient's Name J. A. McClatchy
Street, Apt. No. P. O. Box 4126
City, State, Zip Midland, TX 79704-4126

PS Form 3800

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:

J. A. McClatchy
P. O. Box 4126
Midland, TX 79704-4126

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature *J. A. McClatchy* ☐ 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 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

Myco Industries, Inc.
P. O. Box 840
Artesia, NM 88210

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) Mel Loya B. Date of Delivery 12-26-01

C. Signature *Mel Loya* ☒ 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 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

Wesley Noe
3323 Maxwell Drive
Midland, TX 79707

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) Brandon Noe B. Date of Delivery 10-24-01

C. Signature *Brandon Noe* ☐ 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 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

44461.0011

Postage \$ 1.80
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 5.40

Recipient's Name Nearburg Exploration Co.
Street, Apt. No. 3300 North A, Building 2
City, State, ZIP+4 Suite 120
Midland, TX 79705

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:

Nearburg Exploration Co., L.L.C.
3300 North A, Building 2
Suite 120
Midland, TX 79705

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) N. Riggs
B. Date of Delivery 12/26/01
C. Signature [Signature]
X [Signature]
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 0600 0024 3128 7893

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

44461.0011

Postage \$ 1.80
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 5.40

Recipient's Name Nadel and Gussman Permian
Street, Apt. No. L.L.C.
City, State, ZIP+4 601 N. Marienfeld, Suite 508
Midland, TX 79701

- 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:

Nadel and Gussman Permian,
L.L.C.
601 N. Marienfeld, Suite 508
Midland, TX 79701

A. Received by (Please Print Clearly) LINDSAY BENTLEY
B. Date of Delivery 12/26/01
C. Signature [Signature]
X [Signature]
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 0600 0024 3128 7879

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

44461.0011

Postage \$ 1.80
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 5.40

Recipient's Name Shirley Smith,
Street, Apt. No. 105 Engram Lane
City, State, ZIP+4 Anderson, SC 29621

- 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:

Shirley Smith,
105 Engram Lane
Anderson, SC 29621

A. Received by (Please Print Clearly) Shirley Smith
B. Date of Delivery 12/24/01
C. Signature [Signature]
X [Signature]
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 0600 0024 3128 7930

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage \$
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 4.40

Recipient's Name: Bob Stevens d/b/a SOC
Street, Apt. No., or P. O. Box 11106
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, Feb

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:

Bob Stevens d/b/a SOCO
P. O. Box 11106
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) BOB STEVENS
B. Date of Delivery 12/24/01
C. Signature [Signature]
D. Is delivery address different from item 1? 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)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage \$
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 4.40

Recipient's Name: Sutherland Family, L.L.C.
Street, Apt. No., or 287 Supple Street
City, State, ZIP+4 Pembroke, Ontario
Canada K8A 3H3

PS Form 3800, Feb

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:

C. C. Tull, Jr.
P. O. Box 11107
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) BOB STEVENS
B. Date of Delivery 12/24/01
C. Signature [Signature]
D. Is delivery address different from item 1? 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)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

44461.0011

Postage \$
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 4.40

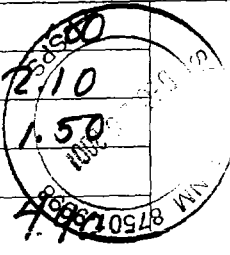
Recipient's Name: C. C. Tull, Jr.
Street, Apt. P. O. Box 11107
City, State, ZIP+4 Midland, TX 79702

PS Form 3800, Feb

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

44461.0011

Postage \$
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$



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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:

Doug Tull
P. O. Box 11107
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) BOB STEVENS B. Date of Delivery 12/24/01
C. Signature [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 0600 0024 3128 7978

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- 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:

Jerry A. Weant d/b/a Bevoil
P. O. Box 7201
Midland, TX 79708

A. Received by (Please Print Clearly) Jerry Weant B. Date of Delivery 12/27/01
C. Signature [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 0600 0024 3128 7992

PS Form 3811, July 1999

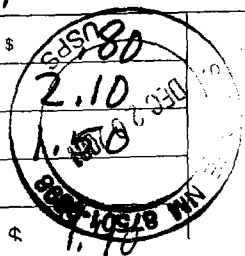
Domestic Return Receipt

102595-99-M-1789

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

44461.0011

Postage \$
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$



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- 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:

Jerry A. Weant d/b/a Bevoil
P. O. Box 7201
Midland, TX 79708

A. Received by (Please Print Clearly) Jerry Weant B. Date of Delivery 12/27/01
C. Signature [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 0600 0024 3128 7992

PS Form 3811, July 1999

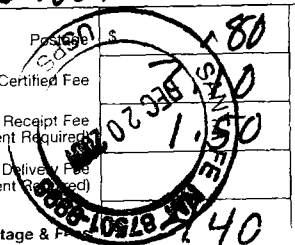
Domestic Return Receipt

102595-99-M-1789

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

44461.0011

Postage \$
Certified Fee 2.10
Return Receipt Fee (Endorsement Required) 1.50
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$



Pos
t

- 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:

Westwood Lake Village, Inc.
4800 Lakewood, Suite 2A
Waco, TX 76710

A. Received by (Please Print Clearly) Charles White B. Date of Delivery 12/27/01
C. Signature [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 0600 0024 3128 8005

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

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) B. Date of Delivery

PATTI CARLILE

C. Signature *Patti Carlile* Agent
 X Addressee

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

1. Article Addressed to:

Yates Drilling Company
 Attention: Ms. Janet Richardson
 105 South 4th Street
 Artesia, NM 88210

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 0600 0024 3128 8012

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Recipient's Name Yates Drilling Company
 Attention: Ms. Janet Ric
 Street, Apt. No., c 105 South 4th Street
 City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, Fe

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

- 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

PATTI CARLILE

C. Signature *Patti Carlile* Agent
 X Addressee

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

1. Article Addressed to:

Yates Petroleum Corporation
 Attention: Ms. Janet Richardson
 105 South 4th Street
 Artesia, NM 88210

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 0600 0024 3128 8029

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Postage	\$ 1.80
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	4.40

Recipient's Name Yates Petroleum Corporation
 Attention: Ms. Janet Rich
 Street, Apt. No., 105 South 4th Street
 City, State, ZIP+4 Artesia, NM 88210

PS Form 3800, Fe