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
FEB 2 2007
87505

Sent To: Underwriters Indemnity Company
Street, Apt. No.; or PO Box No.: 8 Greenway Plaza Ste.400
City, State, ZIP+4: Houston, TX 77046

PS Form 3800, January 2001 — See Reverse for Instructions

7001 1940 0004 7919 3405

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

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

Postmark Here
FEB 2 2007
SANTA FE NM
87505

Sent To: Leight Operating Company
Street, Apt. No.; or PO Box No.: PO Box 60[illegible]904
City, State, ZIP+4: Dalla[illegible], [illegible] 75360

PS Form 3800, January 2001 — See Reverse for Instructions

7001 1940 0004 7919 3412

Domestic Return Receipt — 102595-01-M-250

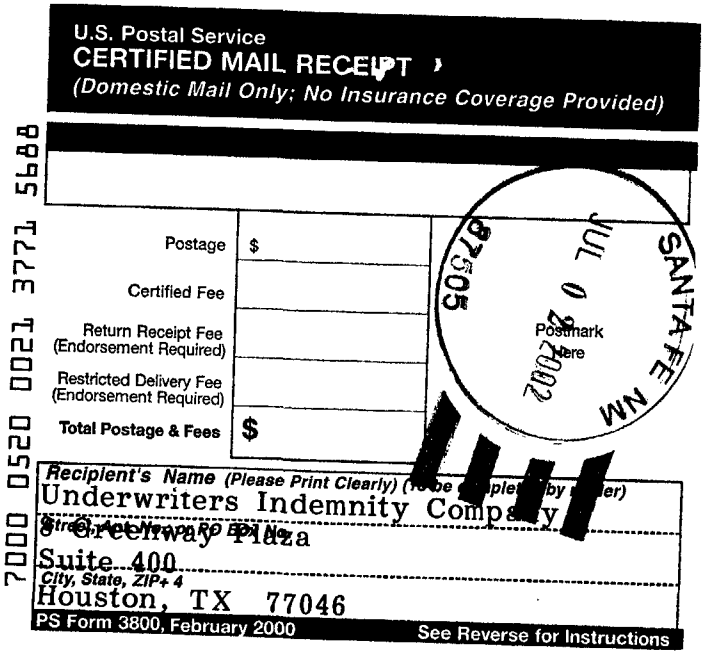
CERTIFIED MAIL

7000 0520 0021 3771 5664

Leigh Operating Company
PO Box 609094
Dallas, TX 75360

NAME
1st Notice
2nd Notice
Return

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



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

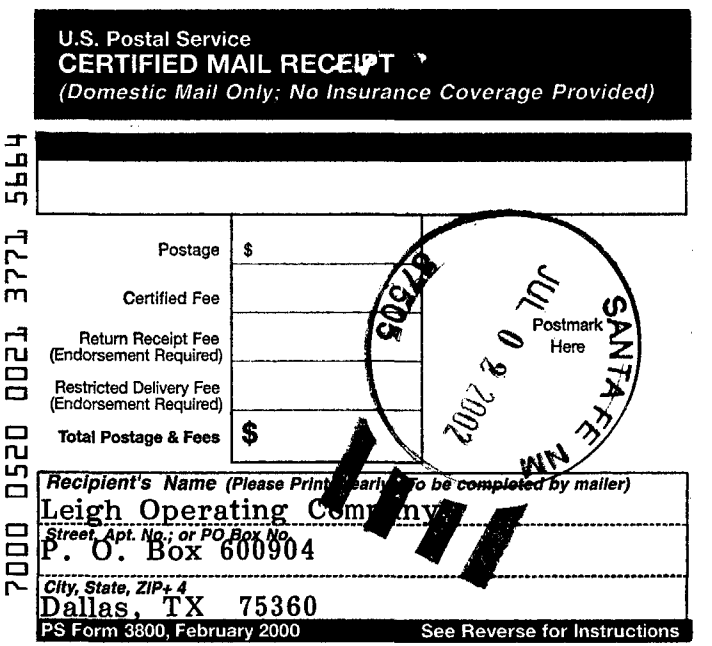
7000 0520 0021 3771 5688

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

Postmark Here: JUL 02 2002 SANTA FE NM 87505

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Underwriters Indemnity Company
Street, Apt. No.; or PO Box No.
3 Greenway Plaza
Suite 400
City, State, ZIP+ 4
Houston, TX 77046

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 5664

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

Postmark Here: JUL 02 2002 SANTA FE NM 87505

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Leigh Operating Company
Street, Apt. No.; or PO Box No.
P. O. Box 600904
City, State, ZIP+ 4
Dallas, TX 75360

PS Form 3800, February 2000 See Reverse for Instructions