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

APPLICATION OF XTO ENERGY INC. FOR APPROVAL OF SURFACE COMMINGLING, SAN JUAN COUNTY, NEW MEXICO. **Case No. 12,827**

AFFIDAVIT REGARDING NOTICE

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

James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters set forth herein.

2. I am an attorney for Applicant.

3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the Application filed herein.

4. Notice of the Application was provided to the interest owners at their correct addresses by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.

5. Applicant has complied with the notice provisions of Division Rules and Regulations.

James Bruce

SUBSCRIBED AND SWORN TO before me this 5th day of March, 2002, by James Bruce.

Notary Public

My Commission Expires:
3/14/2005

OIL CONSERVATION DIVISION
CASE NUMBER _____
EXHIBIT 3

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

324 MCKENZIE STREET
SANTA FE, NEW MEXICO 87501

(505) 982-2043
(505) 982-2151 (FAX)

February 14, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

To: All interest owners

Ladies and Gentlemen:

Enclosed is a copy of an application for surface commingling, filed with the New Mexico Oil Conservation Division by XTO Energy Inc., regarding two wells in Section 27, Township 29 North, Range 10 West, N.M.P.M., San Juan County, New Mexico. This application is set to be heard at 8:15 a.m. on Thursday, March 7, 2002, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interest owner in the wells, you have the right to appear at the hearing and present evidence. Failure to appear at the hearing will preclude you from contesting this matter at a later date.

You are required to notify the Division, and the undersigned, in writing by Friday, March 1, 2002, if you intend to enter an appearance and participate in the case.

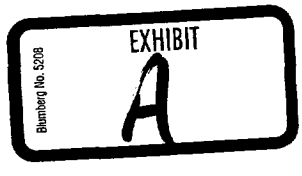
Very truly yours,

James Bruce

Attorney for XTO Energy Inc.

Armenta Gas Com G #1 & Armenta Gas Com C #1A Surface Comingle

OWNER NAME/ADDRESS	INTEREST TYPE	OWNER NAME/ADDRESS	INTEREST TYPE
OPHELIA CANDELARIA P.O. BOX 465 BLANCO, NM 87412-0465	R	LINDA LUNDELL LINDSEY P O BOX 631565 NACOGDOCHES, TX 75963	O
QUILMAN B. DAVIS 6532 STONEBROOK CIRCLE DALLAS, TX 75240-5431	O	CLAUDIA LUNDELL GILMER 101 OAK MEADOW DR GEORGETOWN, TX 78628	O
ASHLEY AND SUSAN BRACKEN P.O. BOX 7550 TYLER, TX 75711-7550	O	ROBERT WALTER LUNDELL 2450 FONDREN #304 HOUSTON, TX 77063	O
JAMES L. SHARP & KATHRYN B. SHARP REVOCABLE LIVING TRUST DATED 4/11/97, J. L. & K. B. SHARP, TRUSTEES 1020 FOXWOOD LANE WYLIE, TX 75098	R	BETTY T. JOHNSTON MARITAL TRUST BETTY JOHNSTON, LYLE CARBAUGH, & PAUL HARDWICK, CO-TRUSTEES 245 COMMERCE GREEN BLVD #280 SUGARLAND, TX 77478	O
SUSIE ARMENTA LIVING TRUST SUSIE M. ARMENTA, TRUSTEE U/A 3/15/9 P.O. BOX 22522 TUCSON, AZ 85734-2522	R	JEAN MARIE COOPER, CHANDA CABRERA AND CATHERINE CLARK, JOINT TENANTS, WROS 2006 SANTA ROSA WAY STOCKTON, CA 95209	R
CHASE OIL CORP.O.RATION P.O. BOX 1767 ARTESIA, NM 88211-1767	O	MANUEL UBALDO MARTINEZ 3291 S 7495 W MAGNA, UT 84044-2148	R
JAMES L. FASHING IRREVOCABLE TRUST DAVID A. ROGERS, TRUSTEE 4855 N. MESA ST., STE. 122 EL PASO, TX 79912-5989	O	JUANITA KASHISHIAN 863 N 1250 E TOOELE, UT 84074-8903	R
MICHELLE D. MINICA IRREVOCABLE TRUST, DAVID A. ROGERS, TRUSTEE 4855 N. MESA ST., STE. 122 EL PASO, TX 79912-5989	O	VERONICA TRUJILLO P.O. BOX 449 BLANCO, NM 87412	R
DAVID A. ROGERS 4855 N. MESA ST., STE. 122 EL PASO, TX 79912-5989	O	JOHNNY TRUJILLO 384 EAST BAYSIDE DRIVENIT 201E SARATOGA SPRINGS, UT 84043	R
ENCAP INVESTMENTS L C 1100 LOUISIANA STE 3150 HOUSTON, TX 77002-5217	O	STEVEN TRUJILLO 7060 W 2820 S WEST VALLEY CITY, UT 84120-1165	R
FRED GILBERT ARMENTA 766 ROAD 4990 BLOOMFIELD, NM 87413	R	MARSHA PETERSON 4229 S 5400 W WEST VALLEY, UT 84120-4603	R
DAVID HENDERSON 18830 EDLEEN DRIVE TARZANA, CA 91356	O	ROBERT W. WOODS 440 CROSS TIMERS DR. DOUBLE OAK, TX 75077	R



GRIFFITH AND STONE ROYALTY
TEXAS PARTNERSHIP
114 PAMELLIA DR
BELLAIRE, TX 77401-3712

O

L. DORIS WILLLIAMS TRUST, WILLIAM P.
TRAYLOR AND JOHN G. HEARD,
HEARD CO-IND. TRUSTEES
P.O. BOX 8306
HOUSTON, TX 77288-8306

O

E. C. FIEDOREK DEFINED BENEFIT PLAN,
E. C. FIEDOREK, TRUSTEE
5407 CREEK ARBOR COURT
DALLAS, TX 75287-7504

O

J. BURTON VETETO
607 ABO
HOBBS, NM 88240

R

UNITED PIPE & SUPPLY CO.
3622 RANCH CREEK DRIVE
AUSTIN, TX 78730

R

HARE PRODUCTION COMPANY LTD
1601 E BLANCO BLVD
BLOOMFIELD, NM 87413-6033

R

BARBARA REESE DINGES
6510 SHADOW CREST
HOUSTON, TX 77074-6818

O

DAVID ELBERT REESE
2203 N BELMONT
RICHMOND, TX 77469-5501

O

REBECCA ANN REESE WARD
280 W RENNER RD #5011
RICHARDSON, TX 75080-2502

O

ELIZABETH GOODWIN REESE
7800 NAIRN
HOUSTON, TX 77074-5321

O

JULIE ANN ANTWEIL TRUST
JULIE A. SILVERMAN, TRUSTEE
4408 CANYON COURT NE
ALBUQUERQUE, NM 87111-3010

R

ROBERT M. WILLIAMS
5 DOVEKIE CT
NANTUCKET, MA 02554-6011

R

FRANCES HOLMAN WEAVER
P.O. BOX 2102
EL PASO, TX 79951-2102

O

V.A. JOHNSTON FAMILY TRUST
K. PREWITT & F. CHESSER, TRUSTEES
P.O. BOX 925
RALLS, TX 79357

O

NANCY JEANNE WOODS
304 NORTHWEST 30 COURT, #208
POMPANO, FL 33064-3122

R

KAVANAGH-SHIERSHKE FAMILY TRUST
DATED 12-27-1995
505 VAQUERO ROAD
ARCADIA, CA 91007-6045

O

MARY HELENE SULLIVAN-SIKES
% ANGEL PEAK RANCH
#330 ROAD 4960
BLOOMFIELD, NM 87413

R

ST. JOHNS OPERATING #1 L.P.
16800 GREENSPOINT PARK DRIVE 380-S
HOUSTON, TX 77060

W

SUSAN WOODS BASILE
9 MAHER ROAD
FREEHOLD, NJ 07728

R

DAVID A. PIERCE
CITIZENS BANK, AGENT
P.O. BOX 4140
FARMINGTON, NM 87499-4140

R

JOHN B. PIERCE
325 S. 400 W. #57
MT. PLEASANT, UT 84647

R

SUSAN PIERCE NELSON
4901 CRESTWOOD DR.
FARMINGTON, NM 87402-4863

R

ELLA ANN SPARGO
523 AZTEC BLVD. N.E.
AZTEC, NM 87410-1704

R

LANCE REEMTSMA
2601 GRANT ST.
BERKELEY, CA 94703

R

DIRK REEMTSMA
CITIZENS BANK, TRUSTEE
TRUST DEPARTMENT
P.O. BOX 4140
FARMINGTON, NM 87499-4140

R

EARL B. SULLIVAN REVOCABLE TRUST
EARL B. SULLIVAN, TRUSTEE
553 HIGHWAY 544
P.O. BOX 534
AZTEC, NM 87410

R

JOSEPH SULLIVAN
3520 BRANDYWINE STREET
SAN DIEGO, CA 92117

R

UNION OIL CO. OF CALIFORNIA
ATTN: REVENUE ACCOUNTING
P.O. BOX 841055
DALLAS, TX 75284-1055

O

EULA MAY JOHNSTON TRUST
BANK OF AMERICA, NA
TRUST DEPARTMENT #01/0066100
P.O. DRAWER 840738
DALLAS, TX 75284-0738

O

SINGER BROTHERS
DEPT 1063
TULSA, OK 74182

R

ED STEVE ARMENTA
P.O. BOX 25371
ALBUQUERQUE, NM 87125-0371

R

H. W. SMITH ESTATE
GARY W. HARVEY, INDEPENDENT EXECUTOR
300 SW 21ST ST
SEMINOLE, TX 79360-3820

R

R. E. BEAMON, III
2603 AUGUSTA SUITE 1050
HOUSTON, TX 77057

O

JERRY J. ANDREW
408 LONGWOODS
HOUSTON, TX 77024-5617

O

MMS CTOC FEDERAL
C/O CROSS TIMBERS OIL COMPANY
810 HOUSTON ST STE 2000
FORT WORTH, TX 76102-6298

R

LELIA C. MONTOYA
P.O. BOX 396
HAWTHORNE, NV 89415-0396

R

FELIPE CANDELARIA
CR 5010 #40
BLOOMFIELD, NM 87413-9745

R

STEVE CANDELARIA
1400 N FAIRVIEW AVE
FARMINGTON, NM 87401-7549

R

ROGERS GIBBARD TRUST, ORVILLE C. ROGERS,
SUSAN EVELAND AND ELAINE GIBBARD ALLMAN,
TRUSTEES
3630 RIVER OAKS COURT
TYLER, TX 75707-1658

O

LEWIS SULLIVAN
1895 W. DEVONSHIRE, #110
HEMET, CA 92545

R

KAYLA ANN PERRYMAN
8536 KERN CANYON ROAD, SPACE 104
BAKERSFIELD, CA 93306

R

KIRK GRAVES
5301 RIO DE JANEIRO COURT
BAKERSFIELD, CA 93313

R

JOE R. ARMENTA ESTATE
RAYMOND ARMENTA AND HELLEN LUTHER,
PERSONAL REPRESENTATIVES
205 W. GLADDEN
FARMINGTON, NM 87401-6019

R

MARGIE ARMENTA SERRANO
P.O. BOX 5901
FARMINGTON, NM 87499-5901

R

JOHN G. JOHNSTON
10263 LAS CASITAS COURT N.E.
ALBUQUERQUE, NM 87111-1295

R

WILLIAM E. GLOVER TRUST B
MARY E. AND THOMAS S. GLOVER, TRUSTEES
348 ALEXANDER PALM ROAD
BOCA RATON, FL 33432-7909

R

NIGH REVOCABLE TRUST
ROBERT D. NIGH, TRUSTEE UTA DATED 8-3
7080 DEAN ROAD
INDIANAPOLIS, IN 46220-3812

R

GLOVER SURVIVORS TRUST
MARILYN S. GLOVER, TRUSTEE
3939 WALNUT AVE. #186
CARMICHAEL, CA 95608-7309

R

CAROL A. ZAHARA
1519 CHARDONNAY PL
WEST BANK BC V4T 2P9
CANADA, 00000

R

EVELYN SMITH ESTATE
ROBERT E. MCALISTER, EXECUTOR
817 SINGING HILLS DRIVE
GARLAND, TX 75044-4128

R

SAN JUAN BASIN POOL LIMITED
P.O. BOX 1237
PANHANDLE, TX 79068-1237

O

BURLINGTON RESOURCES OIL & GAS COMPANY
P.O. BOX 4289
FARMINGTON, NM 87499-0656

W

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

7000 2870 0000 1192 5297

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To: KAVANAGH-SHIERSHKE FAMILY TRUST
DATED 12-27-1995
Street, Apt. No.; or I: 505 VAQUERO ROAD
City, State, ZIP+ 4: ARCADIA, CA 91007-6045

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:

GLOVER SURVIVORS TRUST
MARILYN S. GLOVER, TRUSTEE
3939 WALNUT AVE. #186
CARMICHAEL, CA 95608-7309

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 2/19/02

C. Signature: X Grace Murphy ☐ 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)* 5617

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:

Kavanagh
505 Vaquero
Arcadia, CA
91007

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Nancy Kavanagh-Shiershke X Nancy Kavanagh-Shiershke ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery: 2-19-02

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

ARCADIA, CA 91006-9998 FEB 19 2002

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) 5297

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

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

7000 2870 0000 1192 5617

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To: GLOVER SURVIVORS TRUST
MARILYN S. GLOVER, TRUSTEE
Street, Apt. No: 3939 WALNUT AVE. #186
City, State, ZIP+ 4: CARMICHAEL, CA 95608-7309

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5587

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.07

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To: JOHN G. JOHNSTON
Street, Apt. No: 10263 LAS CASITAS COURT N.E.
City, State, ZIP+ 4: ALBUQUERQUE, NM 87111-1295

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:

LANCE REEMTSMA
2601 GRANT ST.
BERKELEY, CA 94703

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Earl Hoppea — B. Date of Delivery: 02/15/02

C. Signature: X Earl Hoppea — ☐ 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 1192 5389

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:

JOHN G. JOHNSTON
10263 LAS CASITAS COURT N.E.
ALBUQUERQUE, NM 87111-1295

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: John G Johnston — B. Date of Delivery: 2/15/02

C. Signature: X John G. Johnston — ☐ 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)*: 5587

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 1192 5389

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.07

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To: LANCE REEMTSMA
Street, Apt. No.; or: 2601 GRANT ST.
City, State, ZIP+ 4: BERKELEY, CA 94703

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1193 1199

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To: J. BURTON VETETO
Street, Apt. No.; or PO Box No.: 607 ABO
City, State, ZIP+4: HOBBS, NM 88240

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:

HARE PRODUCTION COMPANY LTD
1601 E BLANCO BLVD
BLOOMFIELD, NM 87413-6033

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Charles W. Hare ☒ Agent ☒ Addressee

B. Received by (Printed Name): CHARLES W HARE
C. Date of Delivery: 2-18-02

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) 1177

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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. BURTON VETETO
607 ABO
HOBBS, NM 88240

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery: 2-16-02

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) 1199

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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

7000 2870 0000 1193 1175

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To: HARE PRODUCTION COMPANY LTD
Street, Apt. No.; or PO Box No.: 1601 E BLANCO BLVD
City, State, ZIP+4: BLOOMFIELD, NM 87413-6033

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5334

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To DAVID A. PIERCE
CITIZENS BANK, AGENT
Street, Apt. No.; or Pl P.O. BOX 4140
FARMINGTON, NM 87499-4140
City, State, ZIP+ 4

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:

STEVE CANDELARIA
1400 N FAIRVIEW AVE
FARMINGTON, NM 87401-7549

COMPLETE THIS SECTION ON DELIVERY

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

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)* 5578

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:

DAVID A. PIERCE
CITIZENS BANK, AGENT
P.O. BOX 4140
FARMINGTON, NM 87499-4140

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* EARL HOPPER C. Date of Delivery 02/15/02

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 2870 0000 1192 5334 5334

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1192 5518

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 87501 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To STEVE CANDELARIA
1400 N FAIRVIEW AVE
Street, Apt. No.; FARMINGTON, NM 87401-7549
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1397

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here USPS

Sent To
MICHELLE D. MINICA IRREVOCABLE TRUST,
Street, Apt. No.; DAVID A. ROGERS, TRUSTEE
4855 N. MESA ST., STE. 122
City, State, ZIP+ EL PASO, TX 79912-5989

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:

SUSAN PIERCE NELSON
4901 CRESTWOOD DR.
FARMINGTON, NM 87402-4863

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Pat Mann ☒ Agent ☐ Addressee

B. Received by (Printed Name) PAT MANN C. Date of Delivery 2-15

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) 5358

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

MICHELLE D. MINICA IRREVOCABLE TRUST,
DAVID A. ROGERS, TRUSTEE
4855 N. MESA ST., STE. 122
EL PASO, TX 79912-5989

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary L. Aboud ☐ Agent ☐ Addressee

B. Received by (Printed Name) MARY L. ABOUD C. Date of Delivery 02/19/02

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) 1397

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1192 5358

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here USPS

Sent To
SUSAN PIERCE NELSON
Street, Apt. No.; or 4901 CRESTWOOD DR.
FARMINGTON, NM 87402-4863
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5457

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To H. W. SMITH ESTATE
GARY W. HARVEY, INDEPENDENT EXECUTOR
Street, Apt. No.; 300 SW 21ST ST
SEMINOLE, TX 79360-3820
City, State, ZIP+ 4

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:

FRED GILBERT ARMENTA
766 ROAD 4990
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by *(Printed Name)* FRED G. ARMENTA C. Date of Delivery 2-19-02

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)* 1366

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

H. W. SMITH ESTATE
GARY W. HARVEY, INDEPENDENT EXECUTOR
300 SW 21ST ST
SEMINOLE, TX 79360-3820

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Gary Harvey B. Date of Delivery 3-1-02

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)* 5457

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 1193 1366

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 Postmark 87504-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To FRED GILBERT ARMENTA
766 ROAD 4990
Street, Apt. No.; BLOOMFIELD, NM 87413
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5525

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To ROGERS GIBBARD TRUST, ORVILLE C. ROGERS, SUSAN EVELAND AND ELAINE GIBBARD ALLMAN, TRUSTEES

Street, Apt. N 3630 RIVER OAKS COURT
TYLER, TX 75707-1658

City, State, ZIP+ 4

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:

EARL B. SULLIVAN REVOCABLE TRUST
EARL B. SULLIVAN, TRUSTEE
553 HIGHWAY 544
P.O. BOX 534
AZTEC, NM 87410

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Earl B Sullivan B. Date of Delivery 2/15/02

C. Signature
X Earl B. Sullivan ☐ 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)* 5396

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:

ROGERS GIBBARD TRUST, ORVILLE C. ROGERS, SUSAN EVELAND AND ELAINE GIBBARD ALLMAN, TRUSTEES
3630 RIVER OAKS COURT
TYLER, TX 75707-1658

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Susan Eveland B. Date of Delivery 2-25-02

C. Signature
X Susan K Eveland ☐ 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)* 5525

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 1192 5396

OFFICIAL USE

USPS SANTA FE NM FEB 4 2002 87501-9998 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To EARL B. SULLIVAN REVOCABLE TRUST
EARL B. SULLIVAN, TRUSTEE

Street, Apt. No.; 553 HIGHWAY 544
P.O. BOX 534
AZTEC, NM 87410

City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5631

O F F I C I A L U S E

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: EVELYN SMITH ESTATE
ROBERT E. MCALISTER, EXECUTOR
Street, Apt. No.: 817 SINGING HILLS DRIVE
City, State, ZIP+4: GARLAND, TX 75044-4128

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:

LEWIS SULLIVAN
1895 W. DEVONSHIRE, #110
HEMET, CA 92545

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: F.L. Sullivan — B. Date of Delivery: 2-19-02

C. Signature: X F.L. Sullivan ☐ 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)*: 5532

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:

EVELYN SMITH ESTATE
ROBERT E. MCALISTER, EXECUTOR
817 SINGING HILLS DRIVE
GARLAND, TX 75044-4128

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 2-19-02

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)*: 5631

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 2111 5532

O F F I C I A L U S E

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: LEWIS SULLIVAN
1895 W. DEVONSHIRE, #110
Street, Apt. No.; or: HEMET, CA 92545
City, State, ZIP+4:

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1193 1403

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here USPS

Sent To: JAMES L. FASHING IRREVOCABLE TRUST
DAVID A. ROGERS, TRUSTEE
Street, Apt. No.; or PO Box No.: 4855 N. MESA ST., STE. 122
City, State, ZIP+4: EL PASO, TX 79912-5989

PS Form 3800, May 2000 — See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

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:
Veronica Trujillo
PO Box 449
Blanco NM 87412

4a. Article Number: 7000 2870 0000 1193 1274

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

7. Date of Delivery: FEB 19 2002

5. Received By: (Print Name) Veronica Trujillo

6. Signature: (Addressee or Agent) X Veronica Trujillo

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

PS Form 3811, December 1994 — Domestic Return Receipt

Thank you for using Return Receipt Service.

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:

JAMES L. FASHING IRREVOCABLE TRUST
DAVID A. ROGERS, TRUSTEE
4855 N. MESA ST., STE. 122
EL PASO, TX 79912-5989

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Marni L. Aboud ☐ Agent ☐ Addressee

B. Received by (Printed Name): MARNI L. ABOUD

C. Date of Delivery: 02/19/02

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): 1403

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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

7000 2870 0000 1193 1274

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here USPS

Sent To: VERONICA TRUJILLO
Street, Apt. No.; or PO Box No.: P.O. BOX 449
City, State, ZIP+4: BLANCO, NM 87412

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5655

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To
BURLINGTON RESOURCES OIL & GAS COMPANY
Street, Apt. No.; or
P.O. BOX 4289
FARMINGTON, NM 87499-0656
City, State, ZIP+ 4

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:

DAVID A. ROGERS
4855 N. MESA ST., STE. 122
EL PASO, TX 79912-5989

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marni L. Abovd ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* MARNI L. ABOVD C. Date of Delivery 02/19/02

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)* 1380

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

BURLINGTON RESOURCES OIL & GAS COMPANY
P.O. BOX 4289
FARMINGTON, NM 87499-0656

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* L.B. Williams B. Date of Delivery 2-19-02

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)* 5655

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 1193 1380

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To
DAVID A. ROGERS
Street, Apt. No.; or PO Box
4855 N. MESA ST., STE. 122
EL PASO, TX 79912-5989
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5273

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To V.A. JOHNSTON FAMILY TRUST
Street, Apt. No.; or PO K. PREWITT & F. CHESSER, TRUSTEES P.O. BOX 925
City, State, ZIP+ 4 RALLS, TX 79357

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:

JOE R. ARMENTA ESTATE
RAYMOND ARMENTA AND HELLEN LUTHER,
PERSONAL REPRESENTATIVES
205 W. GLADDEN
FARMINGTON, NM 87401-6019

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Hellen McFarland — B. Date of Delivery

C. Signature X Hellen McFarland ☐ Agent ☐ Addressee

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

FEB 19 2002 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)* 5563

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:

V.A. JOHNSTON FAMILY TRUST
K. PREWITT & F. CHESSER, TRUSTEES
P.O. BOX 925
RALLS, TX 79357

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* J. B. Prewitt — B. Date of Delivery 2-20-02

C. Signature X J. B. Prewitt ☐ 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)* 5273

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 1192 5563

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To JOE R. ARMENTA ESTATE
RAYMOND ARMENTA AND HELLEN LUTHER,
Street, Apt. No. PERSONAL REPRESENTATIVES
205 W. GLADDEN
City, State, ZIP+ FARMINGTON, NM 87401-6019

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5303

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & F	4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To MARY HELENE SULLIVAN-SIKES
% ANGEL PEAK RANCH
#330 ROAD 4960
BLOOMFIELD, NM 87413

Street, Apt. No.; or PO

City, State, ZIP+ 4

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:

CHASE OIL CORP.O.RATION
P.O. BOX 1767
ARTESIA, NM 88211-1767

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Effie Potter C. Date of Delivery 2-19-02

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 2870 0000 1192 5310

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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 HELENE SULLIVAN-SIKES
% ANGEL PEAK RANCH
#330 ROAD 4960
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Mary Helene Sullivan C. Date of Delivery 2-19-02

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) 5303

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

To CHASE OIL CORP.O.RATION
Street, Apt. No.; or P.O. BOX 1767
City, State, ZIP+ 4 ARTESIA, NM 88211-1767

PS Form 3800, May 2000 See Reverse for Instructions

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

7000 2870 0000 1192 5570

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Sent To: MARGIE ARMENTA SERRANO
Street, Apt. No.; o: P.O. BOX 5901
City, State, ZIP+ 4: FARMINGTON, NM 87499-5901

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:

JAMES L. SHARP & KATHRYN B. SHARP
REVOCABLE LIVING TRUST DATED 4/11/97,
J. L. & K. B. SHARP, ~~TRUSTEES~~
1020 FOXWOOD LANE
WYLIE, TX 75098

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery: 2-19-02

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) 1434

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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:

MARGIE ARMENTA SERRANO
P.O. BOX 5901
FARMINGTON, NM 87499-5901

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

FARMINGTON NM FEB 19 2002 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)* 5570

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 1193 1434

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Sent To: JAMES L. SHARP & KATHRYN B. SHARP
REVOCABLE LIVING TRUST DATED 4/11/97,
Street, Apt. No.; or P: J. L. & K. B. SHARP, TRUSTEES
1020 FOXWOOD LANE
City, State, ZIP+ 4: WYLIE, TX 75098

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5266

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS FEB 14 2002 SANTA FE NM 87501-9998 Postmark Here

Sent To: FRANCES HOLMAN WEAVER
Street, Apt. No.; or PO Box No.: P.O. BOX 2102
City, State, ZIP+ 4: EL PASO, TX 79951-2102

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:

L. DORIS WILLLIAMS TRUST, WILLIAM P. TRAYLOR AND JOHN G. HEARD, HEARD CO-IND. TRUSTEES
P.O. BOX 8306
HOUSTON, TX 77288-8306

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Raymond L Butler ☐ Agent ☐ Addressee

B. Received by (Printed Name) FEB 1
C. Date of Delivery 9 2002

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

7621 7621 12,2

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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:

FRANCES HOLMAN WEAVER
P.O. BOX 2102
EL PASO, TX 79951-2102

2. Article Number *(Copy from service label)* 5266

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* MARNI L. ABOUD
B. Date of Delivery 02/21/02

C. Signature
X Marni L. Aboud ☐ 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 — 102595-00-M-0952

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

7000 2870 0000 1193 1212

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS FEB 14 2002 SANTA FE NM 87501-9998 Postmark Here

Sent To: L. DORIS WILLLIAMS TRUST, WILLIAM P. TRAYLOR AND JOHN G. HEARD, HEARD CO-IND. TRUSTEES
Street, Apt. No.; or PO Box No.: P.O. BOX 8306
City, State, ZIP+ 4: HOUSTON, TX 77288-8306

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1193 1427

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Sent To SUSIE ARMENTA LIVING TRUST
SUSIE M. ARMENTA, TRUSTEE U/A 3/15/9
Street, Apt. No.; or PO Box No. P.O. BOX 22522
City, State, ZIP+ 4 TUCSON, AZ 85734-2522

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:

MANUEL UBALDO MARTINEZ
3291 S 7495 W
MAGNA, UT 84044-2148

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Manuel Ubaldo Martinez ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery
2-19-02

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) 1298

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

SUSIE ARMENTA LIVING TRUST
SUSIE M. ARMENTA, TRUSTEE U/A 3/15/9
P.O. BOX 22522
TUCSON, AZ 85734-2522

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susie Armenta ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Susie Armenta | C. Date of Delivery 2-22-02

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

TUCSON AZ MISSION STA FEB 22 2002 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
(Transfer from service label) 1427

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1193 1298

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Sent To MANUEL UBALDO MARTINEZ
3291 S 7495 W
Street, Apt. No.; or PO Box No. MAGNA, UT 84044-2148
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1328

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Sent To
ROBERT WALTER LUNDELL
Street, Apt. No.; or 2450 FONDREN #304
HOUSTON, TX 77063
City, State, ZIP+ 4

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:

408 LONGWOODS
HOUSTON, TX 77024-5617

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 2/20

C. Signature
X Virginia Rodriguez ☐ 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)* 5471

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:

ROBERT WALTER LUNDELL
2450 FONDREN #304
HOUSTON, TX 77063

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Walt Lundell ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 2/20/02

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) 1328

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1192 5471

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Sent To
JERRY J. ANDREW
Street, Apt. No.; 408 LONGWOODS
HOUSTON, TX 77024-5617
City, State, ZIP+ 4

PS Form 3800, May 2000 See Reverse for Instructions

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

7000 2870 0000 1192 5310

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Sent To ST. JOHNS OPERATING #1 L.P.
Street, Apt. No.; or I 16800 GREENSPOINT PARK DRIVE 380-S
HOUSTON, TX 77060
City, State, ZIP+ 4

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:

E. C. FIEDOREK DEFINED BENEFIT PLAN,
E. C. FIEDOREK, TRUSTEE
5407 CREEK ARBOR COURT
DALLAS, TX 75287-7504

2. Article Number
(Transfer from service label) 1205

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X E C Fiedorek ☐ 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

USPS DALLAS, TX BENT TREE STA 75240 FEB 21 2002

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, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

FEB 21 2002

ST. JOHNS OPERATING #1 L.P.
16800 GREENSPOINT PARK DRIVE 380-S
HOUSTON, TX 77060

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Miranda Williams ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 2/21/02

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) 5310

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1193 1205

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 Postmark 87501-9998

Sent To E. C. FIEDOREK DEFINED BENEFIT PLAN,
Street, Apt. No.; or E. C. FIEDOREK, TRUSTEE
5407 CREEK ARBOR COURT
DALLAS, TX 75287-7504
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1359

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM FEB 14 2002 USPS 87501-9998

Sent To: DAVID HENDERSON
Street, Apt. No.; or: 18830 EDLEEN DRIVE
City, State, ZIP+ 4: TARZANA, CA 91356

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:

CLAUDIA LUNDELL GILMER
101 OAK MEADOW DR
GEORGETOWN, TX 78628

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Claudia Gilmer ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 2-21-02

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

GEORGETOWN TX FEB 21 2002 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
(Transfer from service label) 1335

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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:

DAVID HENDERSON
18830 EDLEEN DRIVE
TARZANA, CA 91356

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Beth Kolk ☐ Agent ☐ Addressee

B. Received by (Printed Name) Beth Kolk | C. Date of Delivery 2-21-02

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) 1359

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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

7000 2870 0000 1193 1335

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM FEB 14 2002 USPS 87501-9998

Sent To: CLAUDIA LUNDELL GILMER
Street, Apt. No.; or: 101 OAK MEADOW DR
City, State, ZIP+ 4: GEORGETOWN, TX 78628

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5242

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS FEB 14 2002 SANTA FE NM 87501-9998 Postmark Here

Sent To JULIE ANN ANTWEIL TRUST
JULIE A. SILVERMAN, TRUSTEE
Street, Apt. 4408 CANYON COURT NE
ALBUQUERQUE, NM 87111-3010
City, State, ZIP+ 4

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:

SAN JUAN BASIN POOL LIMITED
P.O. BOX 1237
PANHANDLE, TX 79068-1237

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Elaine Phillips — B. Date of Delivery 2/20/02

C. Signature
x Elaine Phillips ☐ 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)* 5648

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:

JULIE ANN ANTWEIL TRUST
JULIE A. SILVERMAN, TRUSTEE
4408 CANYON COURT NE
ALBUQUERQUE, NM 87111-3010

COMPLETE THIS SECTION ON DELIVERY

A. Signature x Julie A. Silverman ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* RMC — C. Date of Delivery 2-22-02

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) 5242

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1192 5648

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS FEB 14 2002 SANTA FE NM 87501-9998 Postmark Here

Sent To SAN JUAN BASIN POOL LIMITED
P.O. BOX 1237
Street, Apt. No.; or PANHANDLE, TX 79068-1237
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5433

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To
SINGER BROTHERS
Street, Apt. No.; DEPT 1063
TULSA, OK 74182
City, State, ZIP+ 4

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:

LINDA LUNDELL LINDSEY
P O BOX 631565
NACOGDOCHES, TX 75963

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Betty Brown ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 2-20-02

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)* 1342

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

SINGER BROTHERS
DEPT 1063
TULSA, OK 74182
ATTN: STEVE ARMENTA

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery FEB 19 2002

C. Signature Michael W. Lyne ☐ Agent
X Mailrun Courier Service ☐ 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)* 5433

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 1193 1342

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To LINDA LUNDELL LINDSEY
P O BOX 631565
Street, Apt. No.; or NACOGDOCHES, TX 75963
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5495

O F F I C I A L U S E

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: LELIA C. MONTOYA
Street, Apt. No.: P.O. BOX 396
City, State, ZIP+ 4: HAWTHORNE, NV 89415-0396

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:

MMS CTOC FEDERAL
C/O CROSS TIMBERS OIL COMPANY
810 HOUSTON ST STE 2000
FORT WORTH, TX 76102-6298

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: John White — B. Date of Delivery: 2-20-02

C. Signature: X John White — ☐ 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)*: 5488

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:

LELIA C. MONTOYA
P.O. BOX 396
HAWTHORNE, NV 89415-0396

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 2-19-02

C. Signature: X Lelia Montoya — ☐ 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)*: 5495

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 1192 5488

O F F I C I A L U S E

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: MMS CTOC
C/O CROSS TIMBERS OIL COMPANY
Street, Apt. N: 810 HOUSTON ST STE 2000
City, State, ZIP+ 4: FORT WORTH, TX 76102-6298

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5341

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To: JOHN B. PIERCE
Street, Apt. No.; or: 325 S. 400 W. #57
City, State, ZIP+ 4: MT. PLEASANT, UT 84647

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:

ENCAP INVESTMENTS L C
1100 LOUISIANA STE 3150
HOUSTON, TX 77002-5217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. Steffen ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 2-19-02

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) 1373

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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:

JOHN B. PIERCE
325 S. 400 W. #57
MT. PLEASANT, UT 84647

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Clare Pierce ☐ Agent ☐ Addressee

B. Received by (Printed Name) CLARE C. PIERCE | C. Date of Delivery: 2-19-02

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) 5341

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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

7000 2870 0000 1193 1373

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To: ENCAP INVESTMENTS L C
Street, Apt. No.; or PC: 1100 LOUISIANA STE 3150
City, State, ZIP+ 4: HOUSTON, TX 77002-5217

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5600

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To NIGH REVOCABLE TRUST
ROBERT D. NIGH, TRUSTEE UTA DATED 8-3
Street, Apt. No.; or PO Box No. 7080 DEAN ROAD
INDIANAPOLIS, IN 46220-3812
City, State, ZIP+ 4

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:

JUANITA KASHISHIAN
863 N 1250 E
TOOELE, UT 84074-8903

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Sarkis Kashishian C. Date of Delivery 2/19

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)* 1281

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

NIGH REVOCABLE TRUST
ROBERT D. NIGH, TRUSTEE UTA DATED 8-3
7080 DEAN ROAD
INDIANAPOLIS, IN 46220-3812

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

FEB 20 2002 INDIANAPOLIS, IN 462 Bacon, SRA

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)* 5600

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 1193 1281

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 FEB 14 2002 USPS Postmark Here

Sent To JUANITA KASHISHIAN
Street, Apt. No.; or PO Box No. 863 N 1250 E
TOOELE, UT 84074-8903
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1441

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here USPS

Sent To ASHLEY AND SUSAN BRACKEN
Street, Apt. No.; or PO Box P.O. BOX 7550
City, State, ZIP+ 4 TYLER, TX 75711-7550

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:

STEVEN TRUJILLO
7060 W 2820 S
WEST VALLEY CITY, UT 84120-1165

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Steve Trujillo 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) 1250

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

ASHLEY AND SUSAN BRACKEN
P.O. BOX 7550
TYLER, TX 75711-7550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 2-25-02

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) 1441

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1193 1250

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here USPS

Sent To STEVEN TRUJILLO
Street, Apt. No.; or PO Box 7060 W 2820 S
City, State, ZIP+ 4 WEST VALLEY CITY, UT 84120-1165

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5556

OFFICIAL USE

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.19

Sent To KIRK GRAVES
5301 RIO DE JANEIRO COURT
Street, Apt. BAKERSFIELD, CA 93313
City, State, ZIP+ 4

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:

DAVID ELBERT REESE
2203 N BELMONT
RICHMOND, TX 77469-5501

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* DAVID E. REESE C. Date of Delivery 2/21/02

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)* 1151

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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:

KIRK GRAVES
5301 RIO DE JANEIRO COURT
BAKERSFIELD, CA 93313

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* VIRGINIA GRAVES B. Date of Delivery 2-20-02

C. Signature
X Virginia Graves ☐ 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)* 5356

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 1193 5111

OFFICIAL USE

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To DAVID ELBERT REESE
2203 N BELMONT
Street, Apt. No.; o RICHMOND, TX 77469-5501
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1182

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: UNITED PIPE & SUPPLY CO.
Street, Apt. No.; or PO Box No.: 3622 RANCH CREEK DRIVE
City, State, ZIP+ 4: AUSTIN, TX 78730

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:

JEAN MARIE COOPER, CHANDA CABRERA AND CATHERINE CLARK, JOINT TENANTS, WROS
2006 SANTA ROSA WAY
STOCKTON, CA 95209

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X J. William Cooper ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
19 FEB 2002

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) 1304

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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:

UNITED PIPE & SUPPLY CO.
3622 RANCH CREEK DRIVE
AUSTIN, TX 78730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name): M.J. SAIKIN | C. Date of Delivery: 2/19/02 PM

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) 1182

FEB 2002 PM AUSTIN TX

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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

7000 2870 0000 1193 1304

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To: JEAN MARIE COOPER, CHANDA CABRERA AND CATHERINE CLARK,
Street, Apt. No.; or PO Box No.: JOINT TENANTS, WROS 2006 SANTA ROSA WAY
City, State, ZIP+ 4: STOCKTON, CA 95209

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5365

O F F I C I A L U S E

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To ELLA ANN SPARGO
523 AZTEC BLVD. N.E.
Street, Apt. No.; or PO AZTEC, NM 87410-1704
City, State, ZIP+ 4

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:

EULA MAY JOHNSTON TRUST
BANK OF AMERICA, NA
TRUST DEPARTMENT #01/0066100
P.O. DRAWER 840738
DALLAS, TX 75284-0738

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
MAR 01 2002

C. Signature
X M. Moore ☐ 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)* 5726

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:

ELLA ANN SPARGO
523 AZTEC BLVD. N.E.
AZTEC, NM 87410-1704

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Charles Spargo 2/22/02

C. Signature
X CHARLES SPARGO ☐ 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)* 5365

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 1192 5426

O F F I C I A L U S E

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To EULA MAY JOHNSTON TRUST
BANK OF AMERICA, NA
Street, Apt. No.; or TRUST DEPARTMENT #01/0066100
P.O. DRAWER 840738
DALLAS, TX 75284-0738
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5235

O F F I C I A L U S E

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To
ELIZABETH GOODWIN REESE
Street, Apt. No.; or PO 7800 NAIRN
HOUSTON, TX 77074-5321
City, State, ZIP+ 4

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:

FELIPE CANDELARIA
CR 5010 #40
BLOOMFIELD, NM 87413-9745

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
Vangie Candelaria 2.22.02

C. Signature
X Vangie Candelaria ☐ 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)* 5301

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:

ELIZABETH GOODWIN REESE
7800 NAIRN
HOUSTON, TX 77074-5321

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
2-21-02

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) 5235

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1192 5501

O F F I C I A L U S E

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To
FELIPE CANDELARIA
Street, Apt. CR 5010 #40
BLOOMFIELD, NM 87413-9745
City, State, CANDELARIA

PS Form 3800, May 2000 See Reverse for Instructions

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

7000 2870 0000 1192 5419

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: UNION OIL CO. OF CALIFORNIA
ATTN: REVENUE ACCOUNTING
P.O. BOX 841055
Street, Apt. No.; or PO Box No.: DALLAS, TX 75284-1055
City, State, ZIP+ 4

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:

JOHNNY TRUJILLO
384 EAST BAYSIDE DRIVENIT 201E
SARATOGA SPRINGS, UT 84043

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): JOHN TRUJILLO
C. Date of Delivery: 2-26-02

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)*: 1267

PS Form 3811, August 2001 — Domestic Return Receipt — 102595-01-M-0381

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:

UNION OIL CO. OF CALIFORNIA
ATTN: REVENUE ACCOUNTING
P.O. BOX 841055
DALLAS, TX 75284-1055

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: FEB 26 2002
B. Date of Delivery

C. Signature
X M. Moore ☐ 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)*: 5419

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 1193 1267

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: JOHNNY TRUJILLO
384 EAST BAYSIDE DRIVENIT 201E
Street, Apt. No.; or PO Box No.: SARATOGA SPRINGS, UT 84043
City, State, ZIP+ 4

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5372

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: DIRK REEMTSMA
Street, Apt. No.; o: CITIZENS BANK, TRUSTEE
TRUST DEPARTMENT
P.O. BOX 4140
City, State, ZIP+ 4: FARMINGTON, NM 87499-4140

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:

R. E. BEAMON, III
2603 AUGUSTA SUITE 1050
HOUSTON, TX 77057

JERRY L ANDREW

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: M. Weber — B. Date of Delivery:

C. Signature: X M. Weber ☐ 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)*: 5764

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:

DIRK REEMTSMA
CITIZENS BANK, TRUSTEE
TRUST DEPARTMENT
P.O. BOX 4140
FARMINGTON, NM 87499-4140

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*: Lance Reemtsma — B. Date of Delivery: 2-25-02

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)*: 5372

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 1192 5464

OFFICIAL USE

USPS SANTA FE NM FEB 14 2002 Postmark Here 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Sent To: R. E. BEAMON, III
Street, Apt. No.: 2603 AUGUSTA SUITE 1050
HOUSTON, TX 77057
City, State, ZIP+ 4:

PS Form 3800, May 2000 — See Reverse for Instructions

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

7000 2870 0000 1192 5594

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.10

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To WILLIAM E. GLOVER TRUST B
MARY E. AND THOMAS S. GLOVER, TRUSTEES
Street, Apt. N 348 ALEXANDER PALM ROAD
BOCA RATON, FL 33432-7909
City, State, ZIP+ 4

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:

ED STEVE ARMENTA
P.O. BOX 25371
ALBUQUERQUE, NM 87125-0371

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Ed. S. Armenta ☐ Agent ☐ Addressee

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

USPS ALBUQUERQUE NM FEB 22 2002

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)* 5440

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:

WILLIAM E. GLOVER TRUST B
MARY E. AND THOMAS S. GLOVER, TRUSTEES
348 ALEXANDER PALM ROAD
BOCA RATON, FL 33432-7909

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* MARY GLOVER | B. Date of Delivery 2/21/02

C. Signature
X Mary Glover ☐ 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)* 5594

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 1192 5440

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.10

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To ED STEVE ARMENTA
Street, Apt. No.; or PO P.O. BOX 25371
ALBUQUERQUE, NM 87125-0371
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1243

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM FEB 14 2002 87501-9998 USPS Postmark Here

Sent To MARSHA PETERSON
Street, Apt. No.; or PO 4229 S 5400 W
WEST VALLEY, UT 84120-4603
City, State, ZIP+ 4

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:

JOSEPH SULLIVAN
3520 BRANDYWINE STREET
SAN DIEGO, CA 92117

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Marilyn Sullivan ☐ 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)* 5402

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:

MARSHA PETERSON
4229 S 5400 W
WEST VALLEY, UT 84120-4603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Marsha Peterson ☐ 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) 1243

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1192 5402

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

SANTA FE NM FEB 14 2002 87501-9998 USPS Postmark Here

Sent To JOSEPH SULLIVAN
Street, Apt. No.; or P 3520 BRANDYWINE STREET
SAN DIEGO, CA 92117
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1229

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To GRIFFITH AND STONE ROYALTY TEXAS PARTNERSHIP
Street, Apt. No.; or Pi 114 PAMELLIA DR
BELLAIRE, TX 77401-3712
City, State, ZIP+ 4

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:

KAYLA ANN PERRYMAN
8536 KERN CANYON ROAD, SPACE 104
BAKERSFIELD, CA 93306

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Kayla Perryman ☐ 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)* 5559

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 1192 5549

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To KAYLA ANN PERRYMAN
Street, Apt. 8536 KERN CANYON ROAD, SPACE 104
BAKERSFIELD, CA 93306
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5624

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To CAROL A. ZAHARA
Street, Apt. No.; or 1519 CHARDONNAY PL
WEST BANK BC V4T 2P9
CANADA, 00000
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5259

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501 Postmark Here

Sent To
Street, Apt. N ROBERT M. WILLIAMS
5 DOVEKIE CT
City, State, Zi NANTUCKET, MA 02554-6011

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5280

O F F I C I A L U S E

USPS SANTA FE NM FEB 14 2002 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To NANCY JEANNE WOODS
Street, Apt. No.; 304 NORTHWEST 30 COURT, #208
City, State, ZIP+ 4 POMPANO, FL 33064-3122

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1192 5327

O F F I C I A L U S E

USPS SANTA FE NM FEB 14 2002 87501-9998

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

Postmark Here

Sent To SUSAN WOODS BASILE
Street, Apt. No.; 9 MAHER ROAD
City, State, ZIP+ 4 FREEHOLD, NJ 07728

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1311

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87504-9998 FEB 14 2002 Postmark Here

Sent To BETTY T. JOHNSTON MARITAL TRUST
Street, Apt. No.; or I BETTY JOHNSTON, LYLE CARBAUGH, & PAUL HARDWICK, CO-TRUSTEES
245 COMMERCE GREEN BLVD #280
City, State, ZIP+ 4 SUGARLAND, TX 77478

PS Form 3800, May 2000 See Reverse for Instructions

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

7000 2870 0000 1193 1144

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87504-9998 FEB 14 2002 Postmark Here

Sent To REBECCA ANN REESE WARD
Street, Apt. No. 280 W RENNER RD #5011
RICHARDSON, TX 75080-2502
City, State, ZIP+ 4

PS Form 3800, May 2000 See Reverse for Instructions

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

7000 2870 0000 1192 5679

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To OPHELIA CANDELARIA

Street, Apt. No.; or P P.O. BOX 465

City, State, ZIP+ 4 BLANCO, NM 87412-0465

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1168

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM 87501-9998 FEB 14 2002 Postmark Here

Sent To BARBARA REESE DINGES

Street, Apt. No.; or PC 6510 SHADOW CREST

City, State, ZIP+ 4 HOUSTON, TX 77074-6818

PS Form 3800, May 2000 **See Reverse for Instructions**

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

7000 2870 0000 1193 1236

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2007 87501-9998

Sent To ROBERT W. WOODS

Street, Apt. No.; or PO Bo 440 CROSS TIMERS DR.

City, State, ZIP+ 4 DOUBLE OAK, TX 75077

PS Form 3800, May 2000 **See Reverse for Instructions**

JAMES BRUCE
P.O. BOX 1056

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:

QUILMAN B. DAVIS
6532 STONEBROOK CIRCLE
DALLAS, TX 75240-5431

[redacted]

2. Article Number (Copy from service label) 5662

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

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

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

7000 2870 0000 1192 5662

O F F I C I A L U S E

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.17

USPS SANTA FE NM FEB 14 2002 87501-9998 Postmark Here

Sent To
QUILMAN B. DAVIS
Street, Apt. No.; or 6532 STONEBROOK CIRCLE
DALLAS, TX 75240-5431
City, State, ZIP+ 4

PS Form 3800, May 2000 **See Reverse for Instructions**